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ABSTRACT

This Kids Count Fact Book is combined with the Families Count Fact Book to provide information on statewide trends affecting children and families in Delaware. The Kids Count statistical profile is based on 11 main indicators of child well-being: (1) births to teens 15 to 17 years; (2) births to teens 15 to 19 years; (3) low birth weight babies; (3) infant mortality; (4) child deaths; (6) teen deaths by accident, homicide, and suicide; (7) juvenile violent crime arrests; (8) high school dropouts; (9) teens not in school and not working; (10) children in poverty; and (11) children in one-parent households. Additional issues affecting children profiled in the report include: early care and education; children without health insurance; alcohol, tobacco, and other drugs; child abuse and neglect; and foster care. The report notes an improvement in births to teens and child mortality but notes increasing rates of low birth weight babies; teen deaths by accident, homicide, and suicide; teens not attending school and not working, child poverty, and children in one-parent households. The report contains 75 data tables related to the indicators. The Families Count statistical profile details the conditions of families, children and individuals in Delaware communities. The five indicator categories are: (1) healthy children; (2) successful learners; (3) resourceful families; (4) nurturing families; and (5) strong and supportive communities. For each indicator, the recent trend in Delaware, and Delaware compared to the U.S. average, are posted. (KB)

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Kids Count in Delaware:
Fact Book, 2000-2001

[and]

Families Count in Delaware:
Fact Book, 2000-2001.

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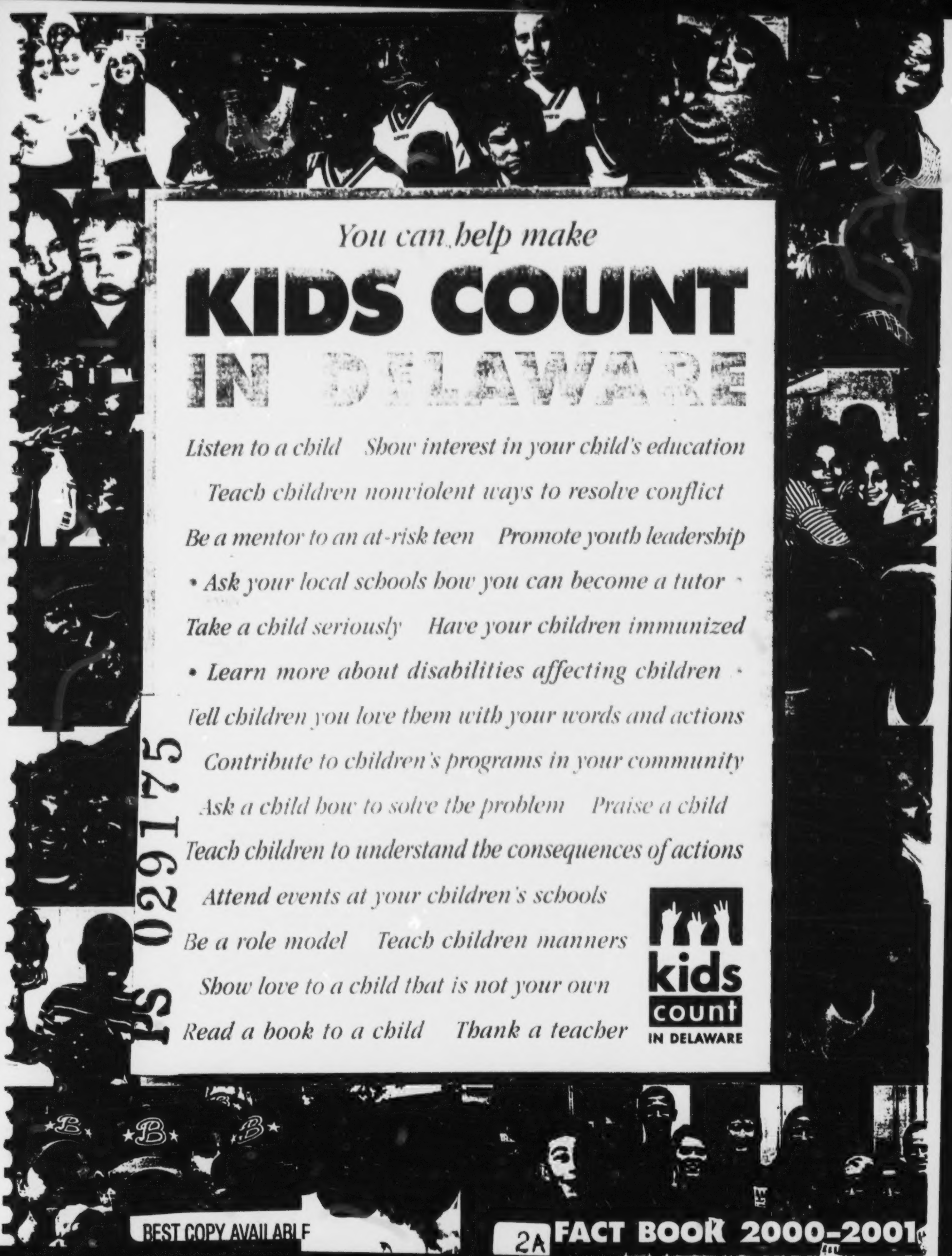

You can help make

KIDS COUNT
IN DELAWARE

Listen to a child   Show interest in your child's education

Teach children nonviolent ways to resolve conflict

Be a mentor to an at-risk teen   Promote youth leadership

• Ask your local schools how you can become a tutor •

Take a child seriously   Have your children immunized

• Learn more about disabilities affecting children •

Tell children you love them with your words and actions

Contribute to children's programs in your community

Ask a child how to solve the problem   Praise a child

Teach children to understand the consequences of actions

Attend events at your children's schools

Be a role model   Teach children manners

Show love to a child that is not your own

Read a book to a child   Thank a teacher

kids
count
IN DELAWARE

PS 029175

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2A **FACT BOOK 2000-2001**

STATE OF DELAWARE
OFFICE OF THE GOVERNOR

THOMAS R. CARPER
GOVERNOR

Dear Friends:

Children are our most precious resource. They need strong, loving adults who are willing to take care of their needs and guide them through their formative years. They also need to believe that they matter—that their thoughts, opinions, feelings and life experiences count. This is why I believe in the KIDS COUNT Fact Book.

These pages are more than just facts and figures; they tell us a meaningful story of what it can be like to be a child in Delaware. They inform community members, decisions makers and the general public about the circumstances and needs of our children. For the more informed we are, the better decisions we make in building a brighter future for our children.

I hope you find this report helpful and informative in your continued efforts to spread the message "Families and Kids Count in Delaware!"

Sincerely,

Tom Carper

Thomas R. Carper
Governor

TATNALL BUILDING
DOVER, DELAWARE 19901
(302) 739 - 4101
FAX (302) 739 - 2775

KIDS COUNT in Delaware Fact Book 2000-2001

Funded by The Annie E. Casey Foundation,
the University of Delaware, and the State of Delaware

kids count
IN DELAWARE

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Center for Community Development and Family Policy
College of Human Services, Education and Public Policy • University of Delaware
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The photographs in this book do not necessarily represent the situations described

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- Delaware Department of Labor
- Delaware Department of Public Safety
- Delaware Department of Services for Children, Youth and Their Families
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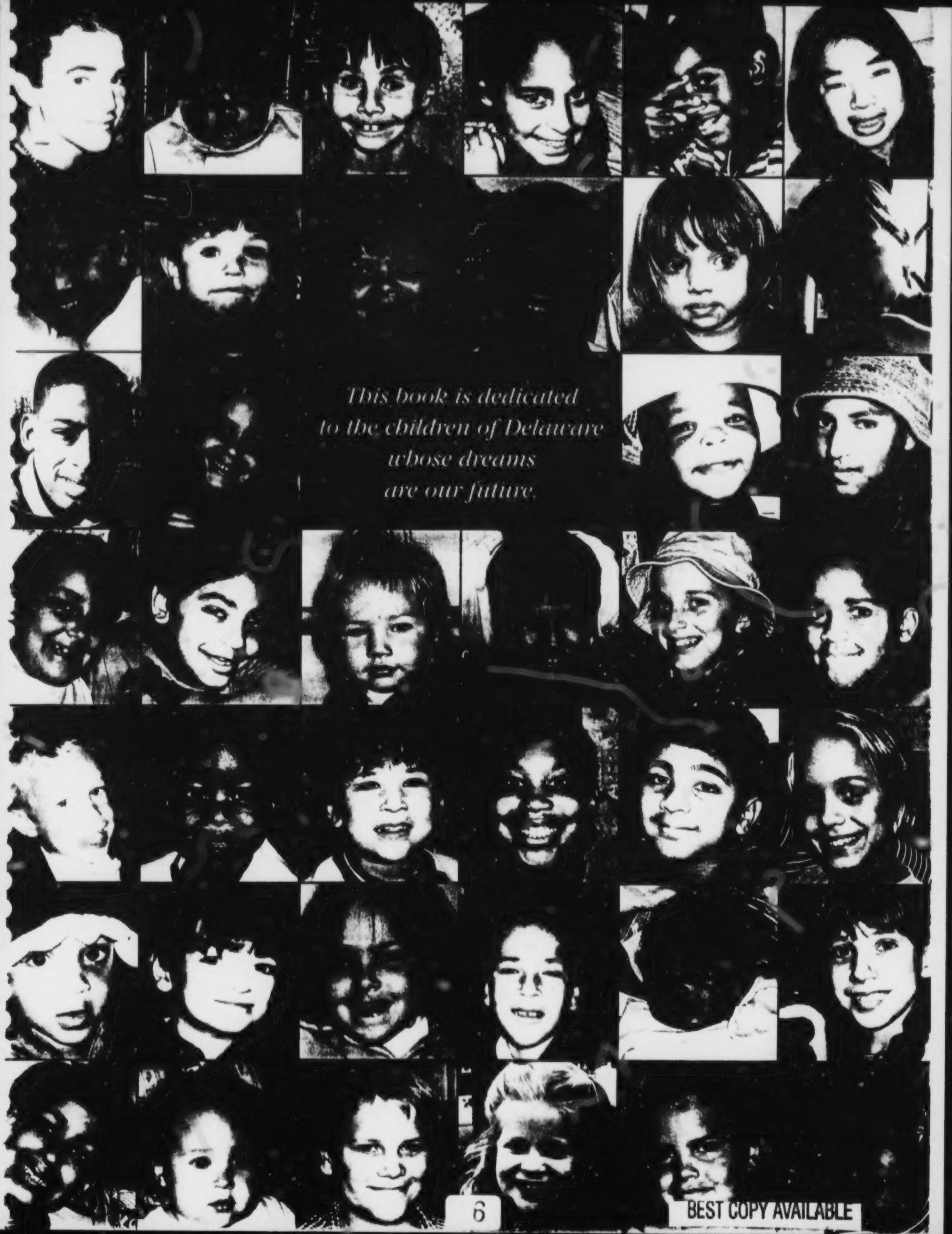
- Center for Drug and Alcohol Studies
- Delaware Health Statistics Center
- Delaware Population Consortium
- Delaware State Housing Authority
- Domestic Violence Coordinating Council
- Family and Workplace Connection
- Statistical Analysis Center

And a special thank you to the Delaware children featured on the cover and throughout this book.



*This book is dedicated
to the children of Delaware
whose dreams
are our future.*

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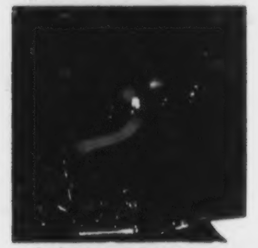
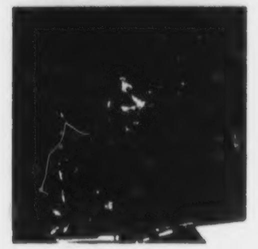
A Message from KIDS COUNT in Delaware

The Message Behind the Numbers

> *"We can't always build the future for our youth,
> but we can build our youth for the future."*
>
> – Franklin D. Roosevelt





The children of today will be leading the country of tomorrow. It is in the best interest of our society to make sure they have good health, a solid education, and a willingness to be good citizens. If we fully expect the next generation of Delawareans to be successful, we must make the effort to fully equip them for success. In this our sixth annual profile of Delaware's children, *KIDS COUNT in Delaware Fact Book 2000-2001*, we look at some of the greatest challenges in the lives of our children and youth, aiming to create a holistic view of how children are faring in Delaware.

KIDS COUNT in Delaware is one of fifty-one similar projects throughout the United States funded by The Annie E. Casey Foundation. Through this project housed at the Center for Community Development and Family Policy at the University of Delaware, led by a Steering Committee of committed and concerned children's advocates from both the public and private sector, we bring together the best available data to measure the health, economic, educational and social well-being of children. This publication represents our ongoing effort to paint a picture, which will inform public policy and spur community action.

There are several new aspects to this year's publication:

- More information on poverty including county data
- A new section on healthy lifestyles of Delaware youth
- Increased data on our growing Hispanic population
- Expanded statistics on asthma
- Put Data into Action! – ideas for everyone to make kids count.

This edition is combined with the initiative of Governor Carper's Family Services Cabinet Council entitled FAMILIES COUNT in Delaware which expands upon the ten tracking indicators of the National KIDS COUNT Data Book to look at a broad range of indicators related to families in Delaware. For the third year we are pleased to present to you both KIDS COUNT and FAMILIES COUNT as a combined publication and believe that it represents a statewide commitment to monitor outcomes and show that both children and families do matter, do count in this state.

What is the message behind the numbers? What will it take to make Delaware a state in which all children can thrive and be successful? How can I make it happen? At KIDS COUNT, we do not want you to think of this publication as just a report, but rather as a tool to guide, direct and motivate policy makers, advocates and the public to do what they can to improve the quality of life for Delaware's children. If we all work together, we can make a difference!

Steven A. Dowshen, M.D.
Chair
Steering Committee

Theodore W. Jarrell, Ph.D.
Chair
Data Committee

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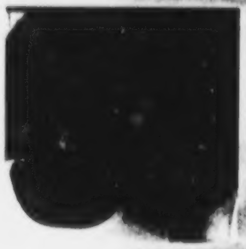

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KIDS COUNT in Delaware

Look at the photographs throughout this book. They show sequences of action in the lives of Delaware children and families similar to the sequences of data which portray perspectives of the well-being of children. Data illustrate trends—changes over time—as well as multiple details to give the reader a full picture of the issue. Our snapshots also show multiple images of the same child or family, illustrating that life is not static.

In addition to the ten indicators used by the Annie E. Casey Foundation's *KIDS COUNT National Data Book*, we continue to report on early care and education, alcohol, drug and tobacco use, women and children receiving WIC, free and reduced-priced school meals and asthma data based on hospitalizations. Several areas have been expanded with Impact Statements and sources for further information. Both the appendix of tables and the FAMILIES COUNT section contain supporting documentation for many of the graphs in the KIDS COUNT section.

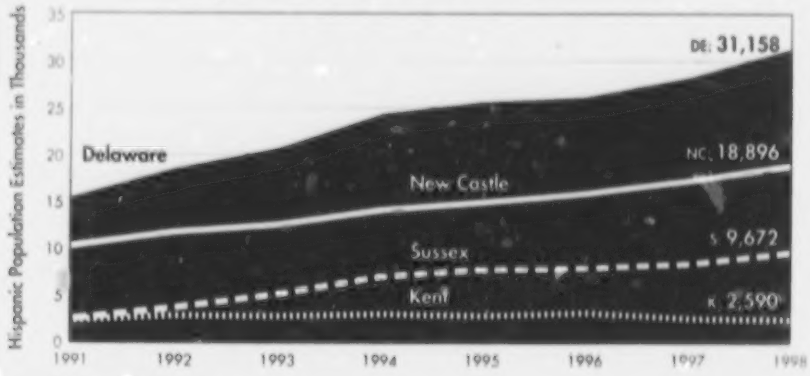
The ten featured indicators in this book have been chosen by the national KIDS COUNT project because they provide a picture of the actual condition of children rather than a summary of programs delivered or funds expended on behalf of children. These indicators have three attributes:

- They reflect a broad range of influences affecting the well-being of children.
- They describe experiences across developmental stages from birth through early adulthood
- They are consistent across states and over time, permitting legitimate comparisons.

The featured indicators are:

Births to teens
Low birth weight babies
Infant mortality
Child deaths
Teen deaths by accident, homicide, and suicide
Juvenile violent crime arrests
Teens not graduated and not enrolled
Teens not in school and not working
Children in poverty
Children in one-parent households

Hispanic Population Estimates



Source: Delaware Population Consortium

Delaware's population is becoming more racially and ethnically diverse. The Population Consortium has released estimates of the Hispanic population showing that numbers have grown from 15,348 in 1991 to 31,158 in 1998, an increase of 103 percent. New Castle County has the largest estimated Hispanic population followed by Sussex County and Kent County. Sussex County shows the greatest percent increase in Hispanic population at over 262 percent. As with small numbers, caution should be exercised when interpreting the data related to the Hispanic population throughout this book.

Trends in Delaware

Delaware has seen improvement in two of the national KIDS COUNT indicators while six areas have declined and two have shown little change:

- ***The teen birth rate continues to improve as does the child death rate.***
- ***Of concern are the increasing rates of low birth weight babies, teen deaths by accident, homicide and suicide, children in poverty, children in one-parent households, and teens not in school and not working.***
- ***The rates of infant mortality, juvenile violent crime and teens not graduated and not enrolled have remained fairly stable.***

Making Sense of the Numbers

The information on each indicator is organized as follows:

• Definition	a description of the indicator and what it means
• Impact	the relationship of the indicator to child and family well-being
• Related information	material in the appendix or in FAMILIES COUNT relating to the indicators

Sources of Data

The data are presented primarily in three ways:

- Annual data for 1999
- Three-year and five-year averages through 1999 or 2000 to minimize fluctuations of single-year data and provide more realistic pictures of children's outcomes
- Annual, three-year or five-year average data for a decade or longer to illustrate trends and permit long-term comparisons

The data has been gathered primarily from:

- The Center for Applied Demography and Survey Research, University of Delaware
- Delaware Health Statistics Center, Delaware Health and Social Services
- Department of Education, State of Delaware
- Delaware State Data Center, Delaware Economic Development Office
- Statistical Analysis Center, Executive Department, State of Delaware
- Delaware Health and Social Services, State of Delaware
- Department of Services for Children, Youth and Their Families, State of Delaware
- U.S. Bureau of the Census
- National Center for Health Statistics, U.S. Department of Health and Human Services
- Delaware Population Consortium
- Family and Workplace Connection
- Division of State Police, Department of Public Safety
- Domestic Violence Coordinating Council
- Center for Alcohol and Drug Studies, University of Delaware

Interpreting the Data

The KIDS COUNT Fact Book 2000–2001 uses the most current, reliable data available. Where data was inadequate or unavailable, N/A was used. For some data, only the decennial census has information at the county level.

Most indicators are presented as three- or five-year averages because rates based on small numbers of events in this state which has a relatively modest population can vary dramatically from year to year. A three- or five-year average is less susceptible to distortion. It is helpful to look at trends rather than at actual numbers, rates, or percentages due to the small numbers.

Accepted names for various racial and ethnic groups are constantly in flux and indicators differ in their terminology. KIDS COUNT has used the terminology reported by the data collection sources.

Fiscal Year Data: Most data presented here is for calendar years. Where data collected by state or federal authorities is available by school calendar year or fiscal year, the periods are from September to June or July 1 to June 30.

Notes: When necessary we have included technical or explanatory notes under the graphs or tables.

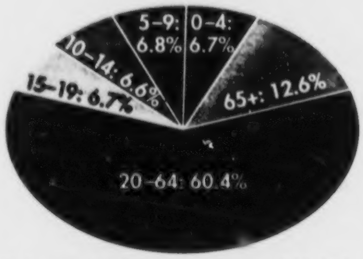
Counties and Cities: Where possible, data were delineated by counties and the city of Wilmington.

Pages are identified as KIDS COUNT (K) or FAMILIES COUNT (F).

In a state with a small population such as Delaware, the standard sampling error is somewhat larger than in most states. For this reason, KIDS COUNT has portrayed the high school dropout rate in two ways: the sampling size, which shows trends, and the Department of Education's dropout numbers. There is a slight variation in those two graphs due to the size of the population.

Population Estimate and Age Distribution

Delaware, 1999

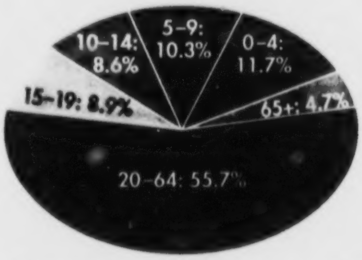


Delaware Total	752,158
Total Children 0-19	201,347
Children 0-4	50,194
Children 5-9	50,995
Children 10-14	49,739
Children 15-19	50,419

Source: Delaware Population Consortium; Population Estimates Program, Population Division, U.S. Census Bureau

Hispanic Population Estimate and Age Distribution

Delaware, 1999



Delaware Hispanic Total	31,158
Total Children 0-19	12,330
Children 0-4	3,650
Children 5-9	3,217
Children 10-14	2,677
Children 15-19	2,786

Source: Delaware Health Statistic Center

While Hispanic children constitute almost 40% of the Hispanic population as a whole, children make up only 26% of the general population.

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Numbers, Rates, and Percentages

Each statistic tells us something different about children. The numbers represent real individuals. The rates and percentages also represent real individuals but have the advantage of allowing for comparisons between the United States and Delaware and between counties.

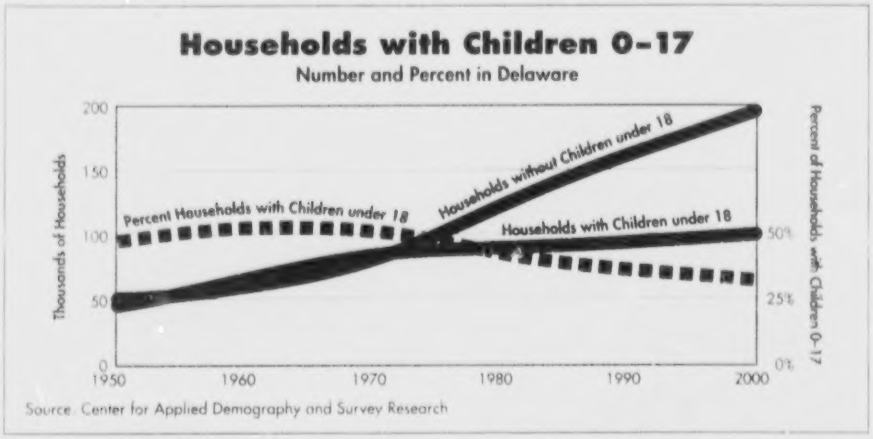
In this publication, indicators are presented as either raw numbers (25), percentages (25%), or rates (25 per 1,000 or 25 per 100,000). The formula for percents or rates is the number of events divided by the population at risk of the event (county, state, U.S.) and multiplied by 100 for percent or 1,000 or 100,000 for rates.

Caution should be exercised when attempting to draw conclusions from percentages or rates which are based on small numbers. Delaware and its counties can show very large or very small percentages as a result of only a few events.
KIDS COUNT encourages you to look at overall trends.

A Caution About Drawing Conclusions

The key in the evaluation of statistics is to examine everything in context. The data challenges stereotypes, pushing us to look beyond the surface for the less obvious reasons for the numbers. Individual indicators, like the rest of life's concerns, do not exist in a vacuum and cannot be reduced to a set of the best and worst counties in our state.

Where county level data are presented, readers can gain a better understanding of the needs in particular segments of the state. Delaware rankings within the National KIDS COUNT Data Book can fluctuate from year to year. Therefore, it is important to look at the trends within the state and over a significant period of time. Hopefully the graphs help to clarify that picture.



Households with Children 0-17

Number and Percent in Delaware

Source: Center for Applied Demography and Survey Research

Since 1950 the percent of households with children under the age of 18 has dropped dramatically. In 2000 almost 200,000 households in Delaware have no children under 18, while children reside in about 100,000 households.

Using the Fact Book

Data are a powerful springboard for asking the right questions.
This book is meant to be more than a mere collection of numbers. The data provided here can be used positively—as an advocacy tool to inform action. While numbers rarely can describe the entire story, they can be used to discern distinctive patterns in a county or state. Data do not necessarily provide answers. Mostly, they are a powerful guide for asking the right questions. If your county varies greatly from the state norm, it should stimulate you to investigate the situation. Talk with experts in the field to find out what could explain the differences. Perhaps the success from one area could be duplicated in another.

The Fact Book should help you gain a holistic perspective.
Even if you are not a child-related professional or a decision-maker, the data in this book should help you gain a holistic perspective. Take, for example, the divorce rate. It has increased over the past 25 years. As a result we see more children growing up in single-parent households than ever before. Most of these single parents are single mothers. In spite of the fact that many of these mothers are employed, many are still living in poverty. This has very serious policy implications as well as significant impacts on child well-being.

Negative statistics are red flags about children experiencing pain and diminished futures. As a reader and user of this book, we hope you will remember the limitations of the data contained here. Data do not have personality or emotions, but the people they represent do. These numbers encompass infants, toddlers, young adolescents, youth and families. Negative statistics are red flags indicating that children are experiencing pain and diminished futures. Positive data tell us that many Delaware youth have enjoyed a childhood that should lead to a better future.

There are limitations to the data.
Some indicators are composite measures that lump diverse realities together. Infants can die from various causes such as birth defects, illnesses, accidents, and severe abuse—all of which have different policy implications and require different actions. So, while an indicator such as infant mortality does give us the facts, it does not tell the complete story. We must look at all aspects of the problem to arrive at solutions.

It is essential to understand what data are missing and what truths are lost.
We have taken great effort to acquire information to paint an accurate portrait of our children. However, many of these data are not available. We know our readers are interested in things such as how many children are waiting to be adopted, the number of youth who volunteered for community service, who regularly wore seat belts. Future publications may report such data.

We also know that one must ask the right question in order to get the right information. When we ask how many youth were arrested for violent crimes, the answer will be a number. However, if we also choose to ask why and how these children become offenders, we could also get answers to more relevant issues. What could we have done—as parents, educators, clergy or lawmakers—to prevent such crimes? This is the kind of information needed to make truly informed policy decisions about children and youth.

Data should also highlight the good work being done across Delaware to help the next generation to succeed. Although there has been a proliferation of information about negative indicators and outcomes, much good is also happening for and accomplished by the youth in our state. We need to begin collecting more positive data about our children because many young Delawareans are being raised well and are making the right decisions.

The effective use of these data becomes your responsibility.
As this document passes from our hands to yours, the use of these data becomes your responsibility. Like any other powerful tool, the data presented here have the potential to do harm as well as good. The inescapable moral obligation all of us share as adults is to use these data to the ultimate benefit of young Delawareans.

Note: Thanks to the *North Carolina Data Guide to Child Well-Being*, North Carolina Child Advocacy Institute for their insights into using the data.

Put Data into Action

Behind Every Number is a Child's Life...

DATA
ACTION!

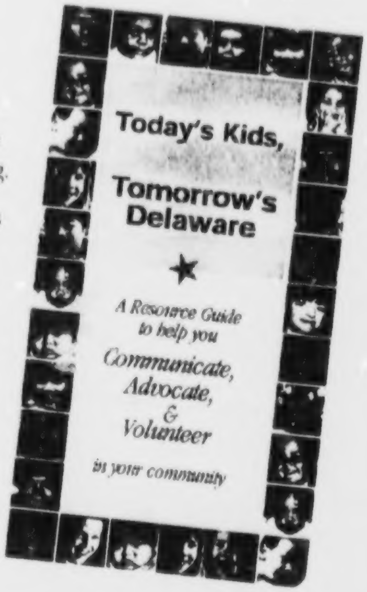
The theme of this edition is "Put Data into Action." When you see this symbol, read our suggestions and become personally involved in improving the lives of children throughout Delaware.

With a new century there are unprecedented opportunities to improve the quality of life for children. We understand that although today's parents and citizens are very interested in helping children, people may find they have less and less time to participate in volunteer activities. There are many actions one can take even if only for a few minutes each week. These small steps – with everyone joining in – can make a difference in the life of a child.

We encourage public officials, community leaders, and parents to use new research, communications, and data to act on behalf of children. Remember, behind every number there is a child with a story. Help make it a happy one ... Put Data Into Action!

> *"Change only takes place through action.*
> *New ideas and vision will be useless in this millennium*
> *if they do not lead to change."*
>
> *– Dalai Lama*

Today's Kids, Tomorrow's Delaware



Today's Kids, Tomorrow's Delaware

A Resource Guide to help you Communicate, Advocate, & Volunteer in your community

The Results for Children Initiative is a collaborative project of the Delaware Departments of Education, Health and Social Services, and Services for Children, Youth and Their Families, along with the University of Delaware and KIDS COUNT in Delaware to strengthen the use of social indicators. Funding provided by the U.S. Department of Health and Human Services for this two-year grant has enabled the partners to focus on emphasizing the linkages between the public policy process, the public, and the information that is available on children's well-being.

To increase awareness and encourage public involvement, the Results for Children Project has developed a video package, Today's Kids, Tomorrow's Delaware, for use by groups such as civic clubs, volunteer organizations, community groups and faith communities. The package includes a short video, a discussion guide, and a booklet describing how to volunteer with children, or advocate for child-friendly policies.

To get a free copy of Today's Kids, Tomorrow's Delaware contact:

Results for Children
Center for Community Development and Family Policy
University of Delaware
Newark, DE 19716
Phone: 302-831-6780
or: KIDS COUNT in Delaware

Over

	Delaware Compared to U.S. Average	Recent Trend in Delaware
Births to Teens Page 16 Number of births per 1,000 females ages 15–17 Five year average, 1995–99: Delaware 37.3, U.S. 32.1	WORSE	GETTING BETTER
Low Birth Weight Babies Page 20 Percentage of infants weighing less than 2,500 grams (5.5 lbs.) at live birth (includes very low birth weight) Five year average, 1995–99: Delaware 8.5, U.S. 7.5	WORSE	GETTING WORSE
Infant Mortality Page 22 Number of deaths occurring in the first year of life per 1,000 live births Five year average, 1995–99: Delaware 8.1 Five year average, 1994–98: U.S. 7.5*	SIMILAR	ABOUT THE SAME
Child Deaths Page 24 Number of deaths per 100,000 children 1–14 years old Five year average, 1994–98: Delaware 22.4, U.S. 26.4	BETTER	GETTING BETTER
Teen Deaths by Accident, Homicide, and Suicide Page 26 Number of deaths per 100,000 teenagers 15–19 years old Five year average, 1994–98: Delaware 55.0, U.S. 61.4	BETTER	GETTING WORSE

* U.S. data for 1995–99 was not available. 1994–98 data was used for comparison.

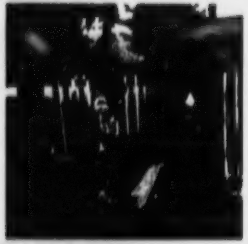
	Delaware Compared to U.S. Average	Recent Trend in Delaware
Juvenile Violent Crime Arrest Rate Page 28 Number of arrests for violent crimes per 1,000 children 10–17; includes homicide, forcible rape, robbery, and aggravated assault 1999: Delaware 8.2, 1996*: U.S. 4.7 * U.S. data for 1999 was not available. 1996 data was used for comparison	WORSE	ABOUT THE SAME
Teens Not Graduated and Not Enrolled Page 30 Percentage of youths 16–19 who are not in school and not high school graduates Three year average, 1998–2000: Delaware 11.6, U.S. 9.2	WORSE	ABOUT THE SAME
Teens Not Attending School and Not Working Page 32 Percentage of teenagers 16–19 who are not in school and not employed Three year average, 1998–2000: Delaware 9.8, U.S. 7.9	WORSE	GETTING WORSE
Children in Poverty Page 34 Percentage of children in poverty. In 1999 the poverty threshold for a one-parent, two-child family was $13,423. For a family of four with two children, the threshold was $16,895. Three year average, 1998–2000: Delaware 16.6, U.S. 18.6	BETTER	GETTING WORSE
Children in One-Parent Households Page 38 Percentage of children ages 0–17 living with one parent. Three year average, 1998–2000: Delaware 38.9, U.S. 30.4	WORSE	GETTING WORSE

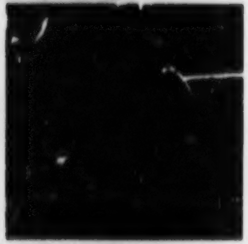
Births to Teens 15–17

Definition:
Birth Rate – number of births per 1,000 females in the same group

Pregnancy during adolescence affects individuals, families and communities. Infants born to teen mothers are at a higher risk to have a low birth weight, die within their first year, suffer from developmental problems, become victims of abuse or neglect, or suffer from learning difficulties that result in failing a grade.[1]

Four out of ten women under the age of twenty will become pregnant at least once in the United States.[2] *Unfortunately, two-thirds of teen parents will not finish their high school education, leaving them with few lucrative employment prospects. The pressure of caring for and raising a child may be daunting to an adolescent especially when it limits social contact and the usual activities in which teens participate. The long-term effects of these circumstances mean that these families have a disadvantage at maintaining successful independent lifestyles. Also, the children have a much lower chance of growing up in an environment that fosters success.*[3]





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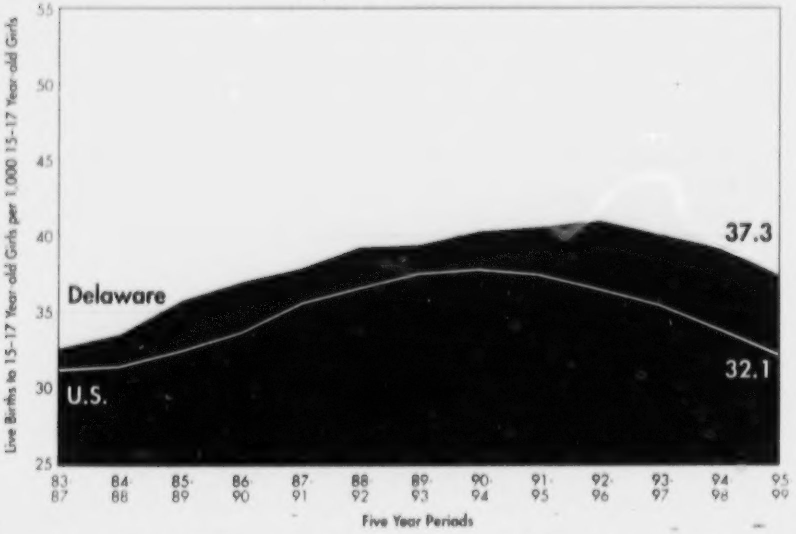
1. The National Campaign To Prevent Teen Pregnancy. Accessed 7/14/00 www.teenpregnancy.org
2. The National Campaign To Prevent Teen Pregnancy. Accessed 7/14/00 www.teenpregnancy.org
3. The National Campaign To Prevent Teen Pregnancy. Accessed 7/14/00 www.teenpregnancy.org

Births to Teens 15–17

Delaware Compared to U.S.



Sources: Center for Applied Demography and Survey Research, University of Delaware; Delaware Health Statistics Center

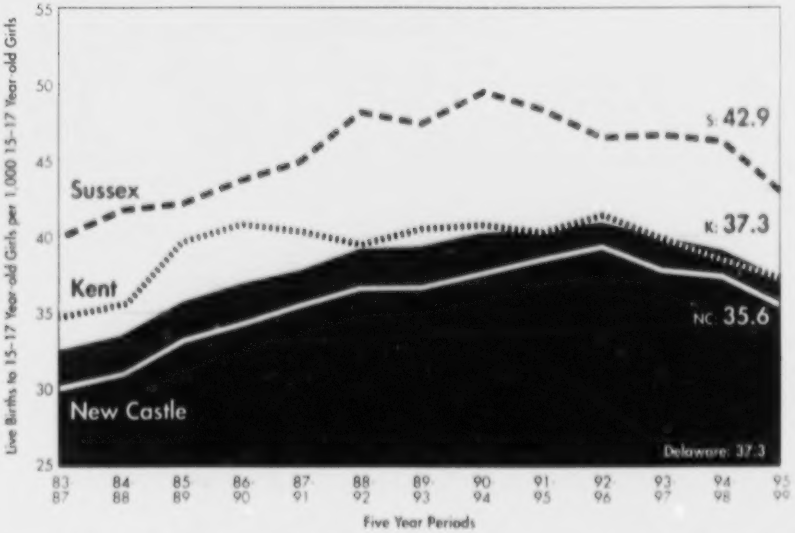
The teen birth rate has declined slowly but steadily from a high of 41.0 in the 1992–96 time period, to 37.3 in 1995–99. Rates have also declined steadily in all three Delaware counties. However Delaware still remains above the national rate.

Seven billion dollars are spent annually on child health care, foster care, the criminal justice system and public assistance **because of babies born to teens** in our country.

Source: When Teens Have Sex: Issues and Trends. The Annie E. Casey Foundation: A Kids Count Special Report http://www.aecf.org/kidscount/teen/forewrad.htm

Births to Teens 15-17

Delaware and Counties



Sources: Center for Applied Demography and Survey Research, University of Delaware; Delaware Health Statistics Center

40% of the fathers of children born to teen mothers are **age 20 or older.**

20% of fathers **marry** the teen mothers of their first children.

80% of fathers **pay less** than $800 annually in child support.

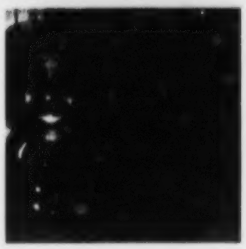
Source: Who are the Fathers, and Where are They Now? Available from: www.teenpregnancy.org/teen/facts/facts19.html

DATA ACTION! Copy these tips and give to other parents:

Ten Tips for Parents to Help Their Children Avoid Teen Pregnancy

1. Be clear about your own sexual values and attitudes.
2. Talk with your children early and often about sex, and be specific.
3. Supervise and monitor your children and adolescents.
4. Know your children's friends and their families.
5. Discourage early, frequent, and steady dating.
6. Take a strong stand against your daughter dating a boy significantly older than she is. And don't allow your son to develop an intense relationship with a girl much younger than he is.
7. Help your teenagers to have options for the future that are more attractive than early pregnancy and parenthood.
8. Let your kids know that you value education highly.
9. Know what your kids are watching, reading, and listening to.
10. These first nine tips work best when they occur as part of strong, close relationships with your children that are built from an early age.

Source: The National Campaign to Prevent Teen Pregnancy

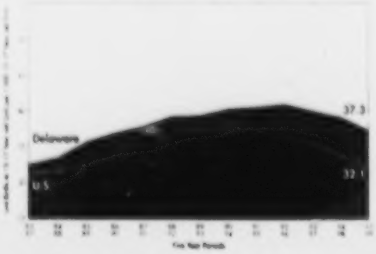


Births to Teens 15–19

While the birth rate for Delaware girls 15-17 has dropped in Delaware, the rates for both age groups, girls 15-17 and girls 15-19, are above the national average.

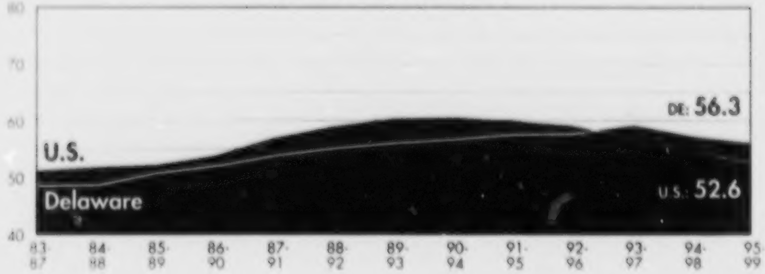
Births to Teens 15-17

as shown on page K-12



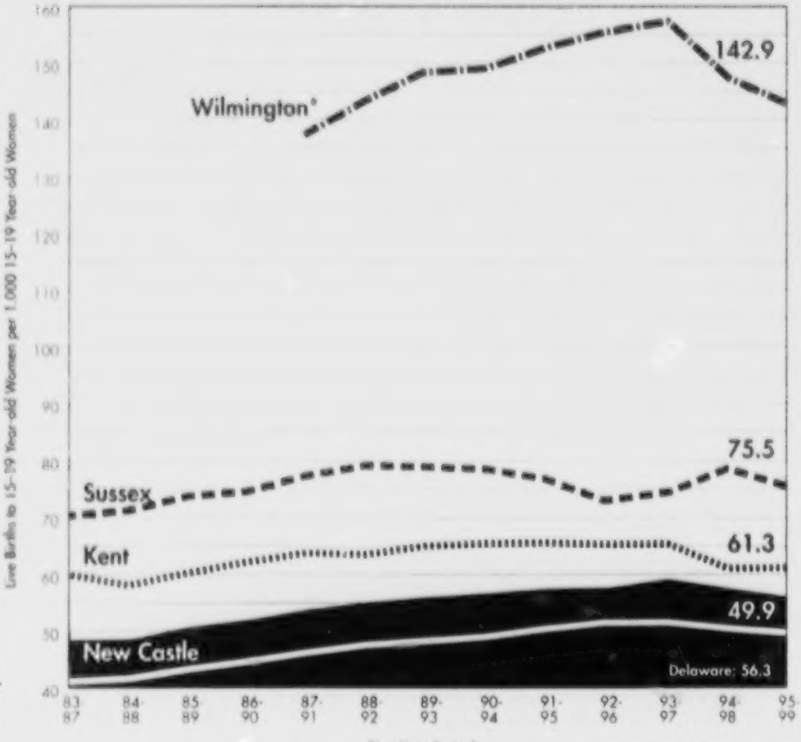
Births to Teens 15–19

Delaware Compared to U.S.



Births to Teens 15–19

Delaware, Counties, and Wilmington



Sources: Delaware Health Statistics Center

* Wilmington data not available before the 1987–1991 period

Nearly **1/3** of teens say their friends get drunk at least once a week.

In one study of unplanned pregnancies of 14–21 year olds, **1/3** of the girls who had gotten pregnant, had **been drinking** when they had sex.

Sexually experienced teens who average five or more drinks daily are **3** times **less likely** to use condoms.

13% of teens say they've done something sexual while using alcohol or drugs that they might not have done **if they were sober.**

Source: The National Campaign to Prevent Teen Pregnancy. Fact Sheet: Sobering Facts on Alcohol and Teen Pregnancy. Available from: www.teenpregnancy.org/alcohol.htm

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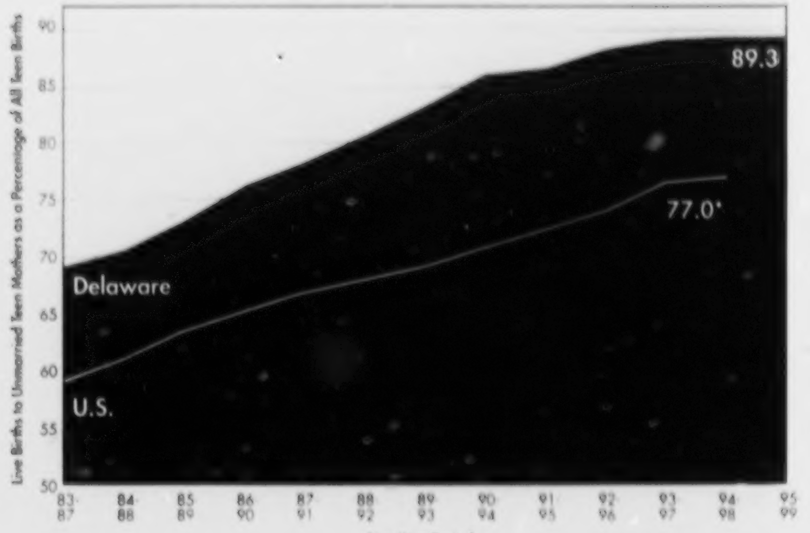
Births to Unmarried Teens

The percentage of teens giving birth who are unmarried continues to grow, accounting for nearly 90% of all teen births in Delaware.

Births to Unmarried Teen Mothers

Delaware Compared to U.S.

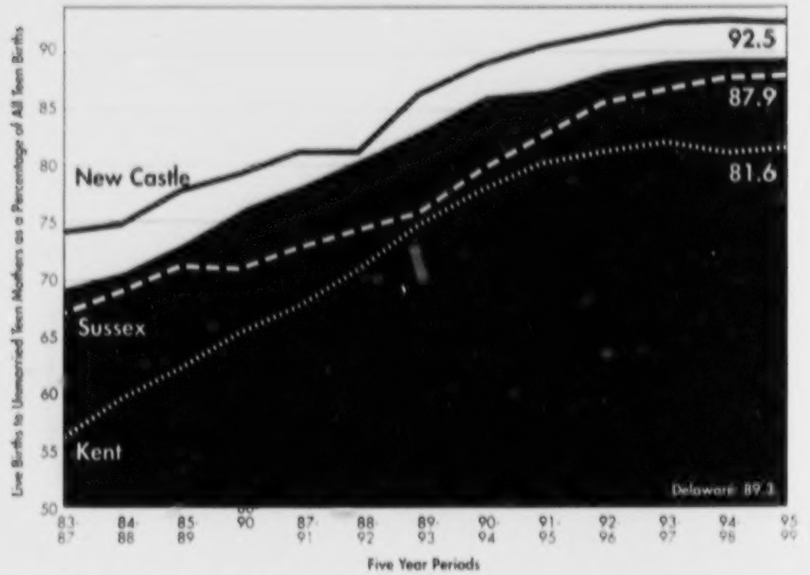


*U.S. data not available for the 1995-1999 period

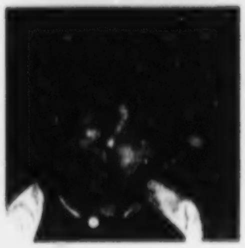
Sources: Delaware Health Statistics Center

Births to Unmarried Teen Mothers

Delaware and Counties



Sources: Delaware Health Statistics Center



For more information see

Birth to Teens 15-19	p. K-18
Birth to Unmarried Teens	p. K-19
Low Birth Weight by Age and Race of Mother	p. K-21
Infant Mortality by Age of Mother	p. K-23
Children in Poverty by Household Structure	p. K-36
Children in One-Parent Households	p. K-38
Tables 6-10	p. K-60-63
Tables 13-14	p. K-65-66
Tables 21	p. K-72

In the FAMILIES COUNT Section:

Teen Births	p. F-36
Sexually Transmitted Diseases	p. F-22

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Low Birth Weight Babies

Definitions

Infancy – the period from birth to one year

Neonatal – the period from birth to 27 days

Low Birth Weight Babies – infants weighing less than 2,500 grams (5.5 lbs.) at birth (includes very low birth weight)

Very Low Birth Weight – less than 1,500 grams (3.3 lbs.)

Children who are born with a low birth weight have a higher risk of dying before their first birthday and they often suffer from recurrent infections or neurological and developmental problems. As time progresses, they often encounter difficulties in school, and chronic health problems.[1] Studies show that African-American infants are two times more likely than white infants to be born at a low birth weight.[2] The three primary risk factors for low birth weight are mothers who smoke, have low weight before pregnancy, and/or poor weight gain during pregnancy. Up to twenty percent of cases could be avoided if mothers had not smoked. Poverty, inadequate prenatal care, pregnancy before age 16, or after 45, and being single are also associated with low birth weight and can lead to poor birth outcomes.[3]

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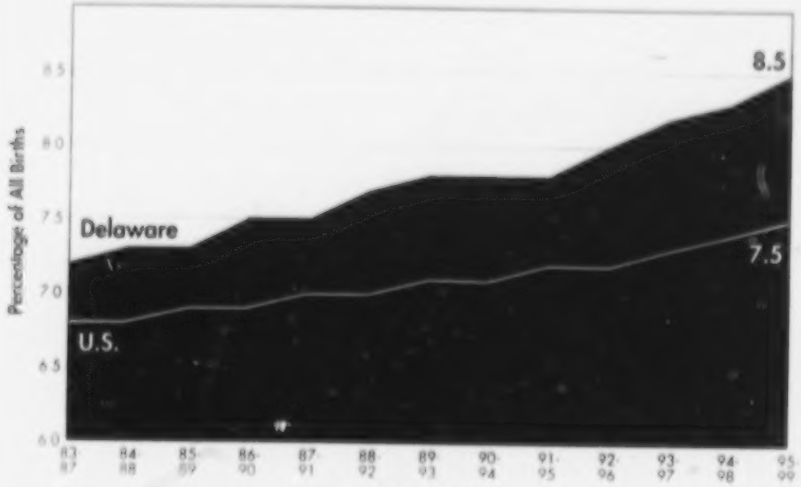
[1] Saigal, S., Hoult, L., Streiner, D., Stoskopf, B., Rosenbaum, P. (2000). School difficulties at adolescence in a regional cohort of children who were extremely low birth weight. Pediatrics, 105(2).

[2] Moore, P., Behrman, R. (1995). Low birth weight: Analysis and recommendations. The Future of Children, 5(1).

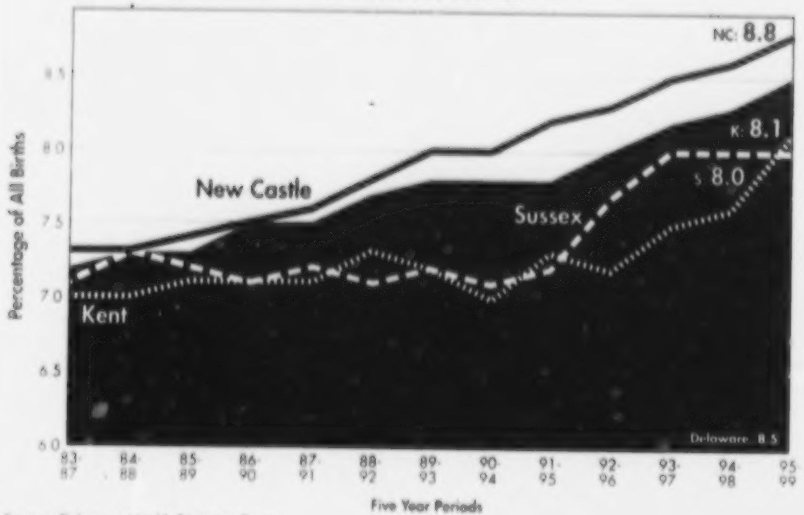
[3] [illegible] (2000). Low birth weight babies. Available from: http://www.healthanswers.com

Low Birth Weight Babies

Delaware Compared to U.S.



Delaware and Counties



Source: Delaware Health Statistics Center

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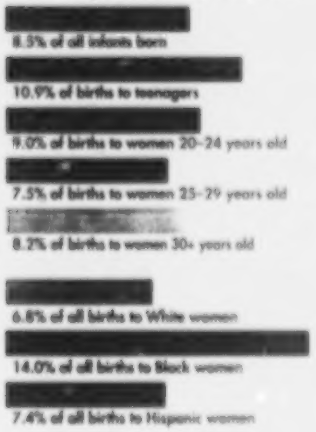
Percentage of Babies with

Low Birth Weight

(weight less than 2500 grams)
by Age and Race of Mother

Low birth weight babies in Delaware represent



Delaware Average 8.5%

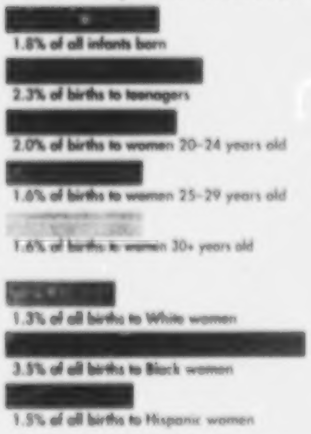
Five year average percentages, 1995-99

Percentage of Babies with

Very Low Birth Weight

(weight less than 1500 grams)
by Age and Race of Mother

Very low birth weight babies in Delaware represent



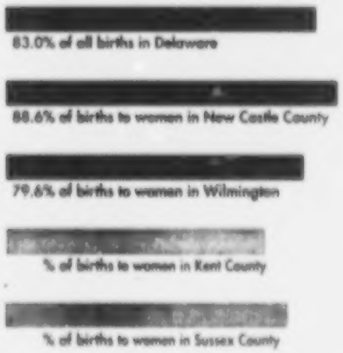
Delaware Average 1.8%

Five year average percentages, 1995-99

Percentage of Mothers Who Received

Prenatal Care

in the First Trimester of Pregnancy
by Delaware, Counties, and Wilmington



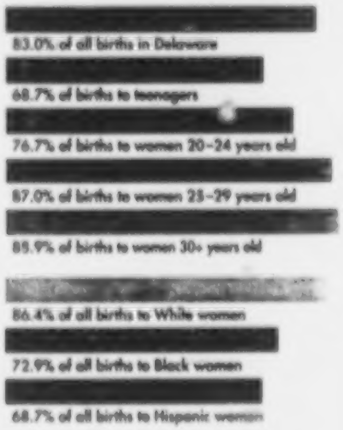
Delaware Average 83.0%

Five year average percentages, 1995-99

Percentage of Mothers Who Received

Prenatal Care

in the First Trimester of Pregnancy
by Age and Race of Mother



Delaware Average 83.0%

Five year average percentages, 1995-99

Source for above charts: Delaware Health Statistics Center

Low birth weight babies make up about **7%** of all infants born,
but **35%** of all dollars spent
on infant health care.

Source: Shiono, P., Behrman, R. (1995). Low birth weight: analysis and recommendations. Future of Children 5 (1).

For more information see

Infant Deaths by Birth Weight of Infant	p. K-23
Tables 11-18	p. K-64-70
Tables 21-22	p. K-72-73

In the FAMILIES COUNT Section:

Prenatal Care	p. F-10
Low Birth Weight Babies	p. F-12

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Infant Mortality

Definition:

Infant Mortality Rate – number of deaths occurring in the first year of life per 1,000 live births

Birth Cohort – all children born within specified period of time. An infant death in the cohort means that a child born during that period died within the first year after birth

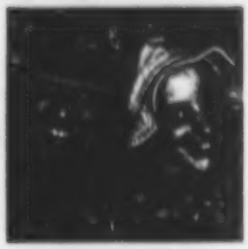
Birth Interval – the time period between the current live birth and the previous live birth to the same mother

Leading causes of infant mortality include low birth weight, congenital anomalies, and Sudden Infant Death Syndrome.[1] Risk factors associated with high rates of infant mortality include multiple births, poverty, mothers who are in their teens, or over forty and also mothers who have little education.[2] Infant mortality is also associated with race and ethnicity. From 1960 to 1997, the infant mortality rate dropped by 74% for white infants, compared to 32% for African American infants.[3] Asian and Pacific American babies are least likely to die before their first birthday, followed by Caucasian, Hispanic and finally African American infants, who are at greatest risk.

[1] [illegible]

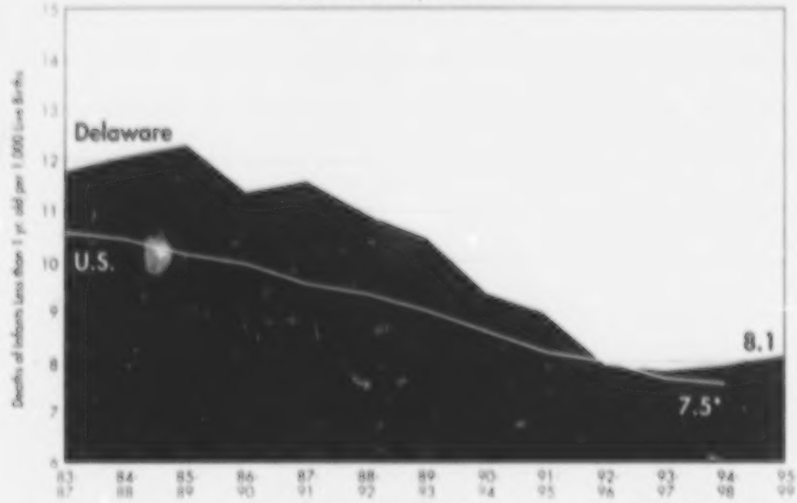
[2] [illegible]

[3] [illegible]



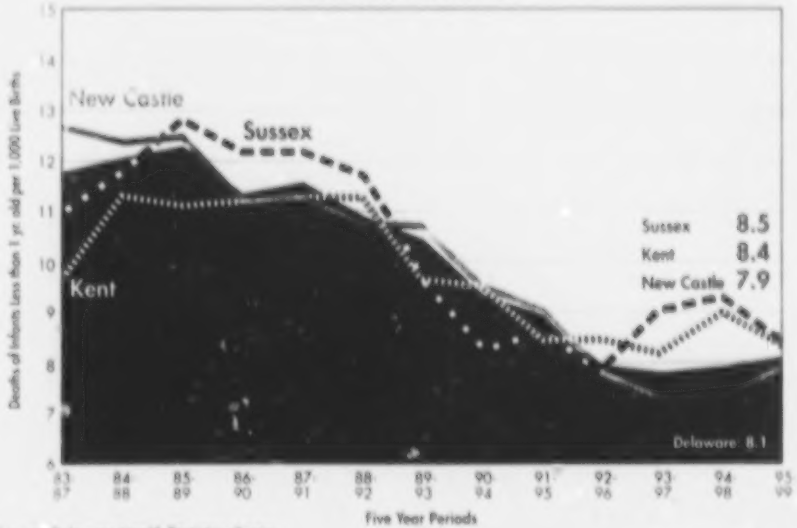
Infant Mortality

Delaware Compared to U.S.



* U.S. data for 1995-1999 was not available

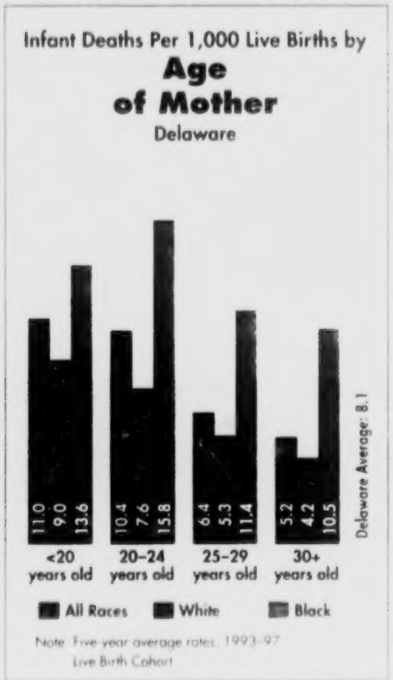
Delaware and Counties



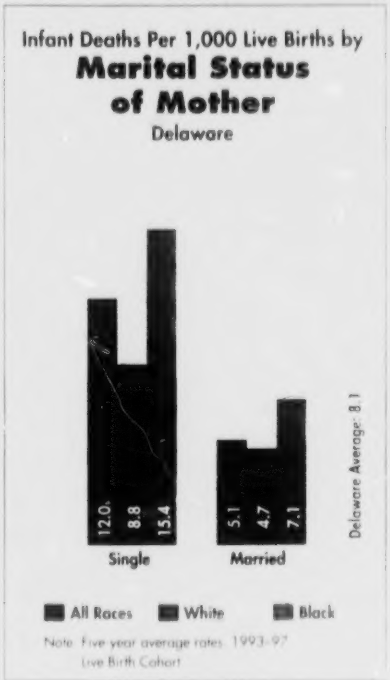
Source: Delaware Health Statistics Center

For more information see

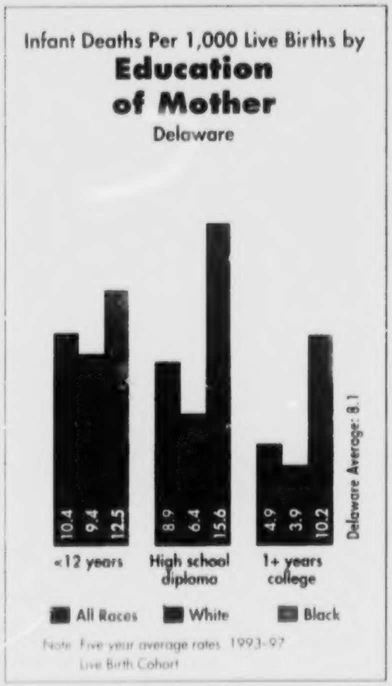
Low Birth Weight Babies	p. K-20
Child Deaths	p. K-24
Teen Deaths	p. K-26
Child Abuse and Neglect	p. K-54
Tables 19-22	p. K-70-73
Table 24	p. K-74
Table 74	p. K-96
In the FAMILIES COUNT Section:	
Prenatal Care	p. F-10
Low Birth Weight Babies	p. F-12
Infant Mortality	p. F-14



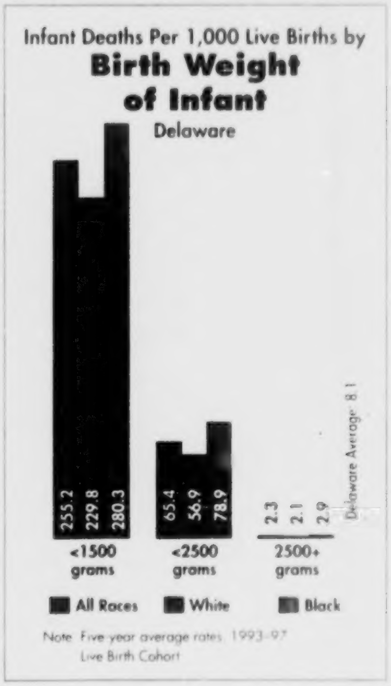
Note: Five year average rates: 1993-97 Live Birth Cohort



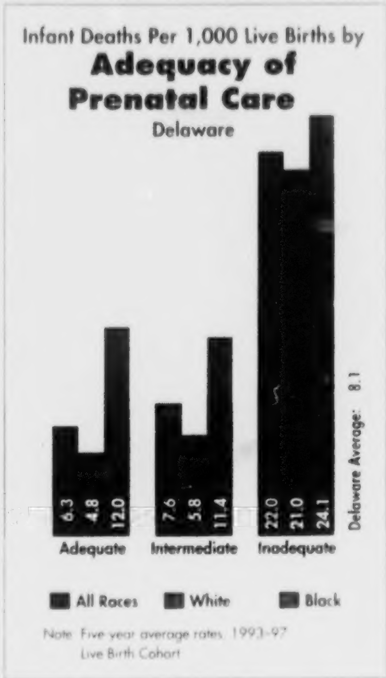
Note: Five year average rates: 1993-97 Live Birth Cohort



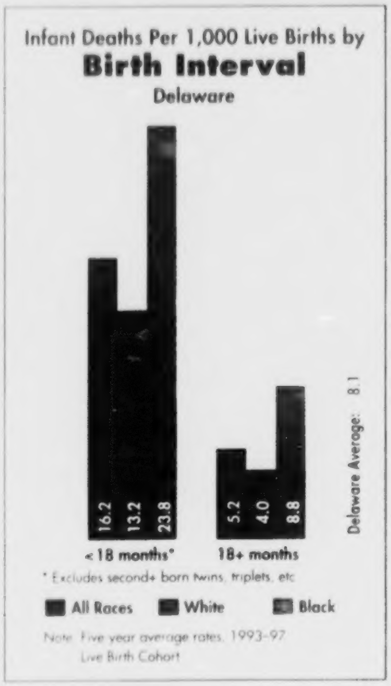
Note: Five year average rates: 1993-97 Live Birth Cohort



Note: Five year average rates: 1993-97 Live Birth Cohort



Note: Five year average rates: 1993-97 Live Birth Cohort



* Excludes second+ born twins, triplets, etc.

Note: Five year average rates: 1993-97 Live Birth Cohort

Source for six charts above: Delaware Health Statistics Center

- Infant mortality rates for unmarried women are twice that for married women.[1]
- Mothers without a high school diploma have had infant mortality rates twice that for women with a college education.[2]
- Infant mortality rates for children in poor families, are more than 50% higher than for families with incomes above the poverty line.[3]
- Between 1980 and 1998, the national infant mortality rate decreased from 12.6 to 7.5 per 1000, but the U.S. is still ranked 30th worldwide. The national rate for African American infants is 14.2 per 1000, which ranks 47th worldwide.[4]

Sources: 1 New study identifies infants in greatest health risk (1998). Public Health Reports (113)4
2 New study identifies infants in greatest health risk (1998). Public Health Reports (113)4
3 Children at risk (2000). Kids Count in Colorado! Colorado Children's Campaign
4 Infant mortality (2000). Rhode Island Kids Count Fact Book

Child Deaths Children 1-14 Years of Age

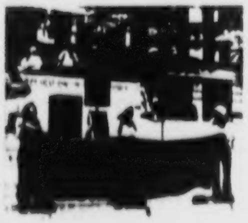
Definition:

Child Death Rate - number of deaths per 100,000 children 1-14 years old

Unintentional Injuries - accidents including motor vehicle crashes

Most children are killed as a result of unintentional injuries.[1] For every death there are about 34 hospital stays, 1000 emergency room visits as well as countless doctor, school nurse, and home treatments.[2] The death rate only sheds light on the most serious part of this child health concern. Those most likely to encounter life-threatening injuries are children with low socioeconomic status and male children. When a child does not have access to bike helmets, child safety seats, or proper supervision for his or her developmental stage, serious injuries are much more common. The major causes of fatal injuries are motor vehicle accidents, fires or burns, poisoning, drowning and falls. Most often, accidents such as these take place in school, at home, or while using transportation.[3]

Injury related deaths are not the only danger facing America's children. The United States has the highest rates of childhood homicide, suicide and firearm-related deaths among industrialized countries. Although in the last forty years national childhood death rates have decreased substantially, homicide rates have tripled.[1]



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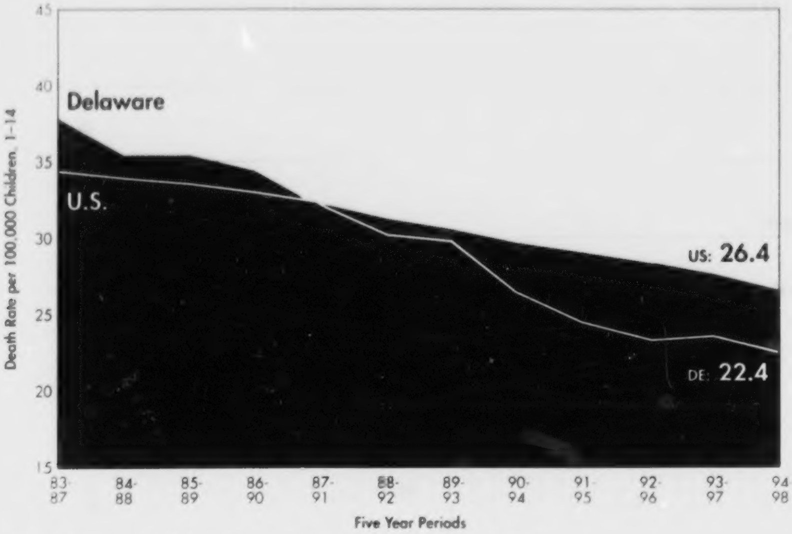
[1] U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Trends in the Well-being of America's Children and Youth. U.S. Government Printing Office, 1999.

[2] Childhood injury fact sheet. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Available from http://www.cdc.gov/ncipc/factsheets/childh.htm

[3] Rates of homicide, suicide, and firearm-related death among children - 26 industrialized countries (1997). Journal of American Medical Association, 277 (9), 704-706.

Child Deaths

Delaware Compared to U.S.



Sources: Delaware Health Statistics Center, National Center for Health Statistics

DATA IN ACTION!

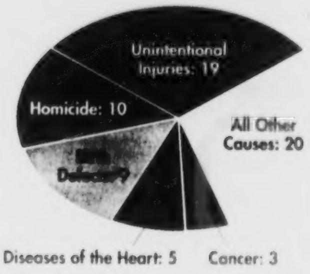
Keep children safe

The popularity of scooters
has lead to a dramatic rise in injuries...

- Make sure children always wear appropriate safety gear, including helmets, wrist guards, and elbow and knee pads when riding scooters.
- Encourage toy stores to include safety tips when consumers purchase scooters and with their advertising materials.

Causes of Death of Children 1-4

Delaware, 1994–1998

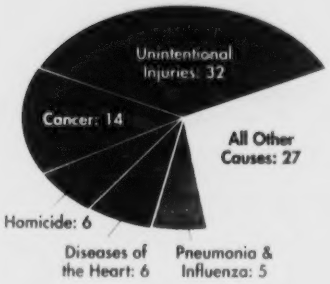


Total Number of Deaths
in five-year period: 66 Children

Source: Delaware Health Statistics Center

Causes of Death of Children 5-14

Delaware, 1994–1998



Total Number of Deaths
in five-year period: 90 Children

Source: Delaware Health Statistics Center

Number of Children 0-14 Who Died in 1998

in Delaware by County and Age

	Under 1	1-4	5-9	10-14
Delaware	103	13	9	10
New Castle Co.	65	10	6	4
Wilmington*	18	2	1	0
Kent Co.	18	2	0	4
Sussex Co.	20	1	3	2

* Wilmington data included in New Castle County total

Source: Delaware Health Statistics Center

According to the centers for Disease Control and prevention, **U.S. children** under age 15 are:

12 times more likely to **die from gunfire**

16 times more likely to be **murdered by a gun**

11 times more likely to **commit suicide with a gun**

9 times more likely to **die in a firearm accident**

than children in **25 other industrialized countries combined.**

Source: Where America stands. Children's Defense Fund. Available from http://childrensdefensefund.org/facts_america98.html

For more information see

Infant Mortality	p. K-22
Teen Deaths	p. K-26
Asthma	p. K-48
Child Abuse and Neglect	p. K-54
Tables 19-25	p. K-70-75
Table 70	p. K-94
Table 74	p. K-96

In the FAMILIES COUNT Section:

Infant Mortality	p. F-14
Child Deaths	p. F-18
Teen Deaths	p. F-23
Child Abuse	p. F-44

Teen Deaths by Accident, Homicide, & Suicide

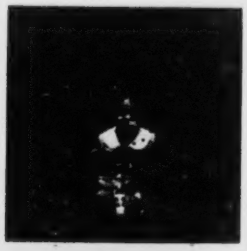
Definition:

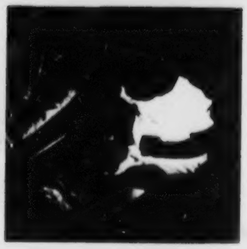
Teen Deaths by Accident, Homicide, and Suicide –
number of deaths per 100,000 teenagers 15-19 years old

Unintentional Injuries – accidents including motor vehicle crashes

Death rates for teenagers aged 15 to 19 tend to be higher than younger children due to the risk taking characteristics of late adolescence. Motor vehicle accidents are the number one cause of death for this age group. Driver inexperience, the use of alcohol and a tendency not to use seatbelts contribute to these high numbers. In one survey 37% of high school students said that they had ridden with someone who had been drinking alcohol in the last month.[1] It is thought that alcohol is involved in 35% of adolescent driver fatalities.[2] Homicide rates are also highest among this age group. Firearms are involved in approximately 80% of homicide cases.[3] Rates of suicide have tripled since the 1960's making it the third largest killer of teens today. Nearly 5,000 adolescents end their own lives every year in the United States.[4]

Males are much more likely to die than female adolescents. Males are 2.5 times more likely to die from unintentional injury, 5 times more likely to die from homicide or suicide and 10.6 times more likely to die from drowning than females. African American males are more likely to be victims of homicide, and white teens are much more likely to commit suicide.[5]





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1. Motor vehicle crashes among teenagers. Center for Disease Control and Prevention: National Center for Injury Prevention & Control. Available from http://www.cdc.gov/ncipc/factsheets/teenmvh.htm

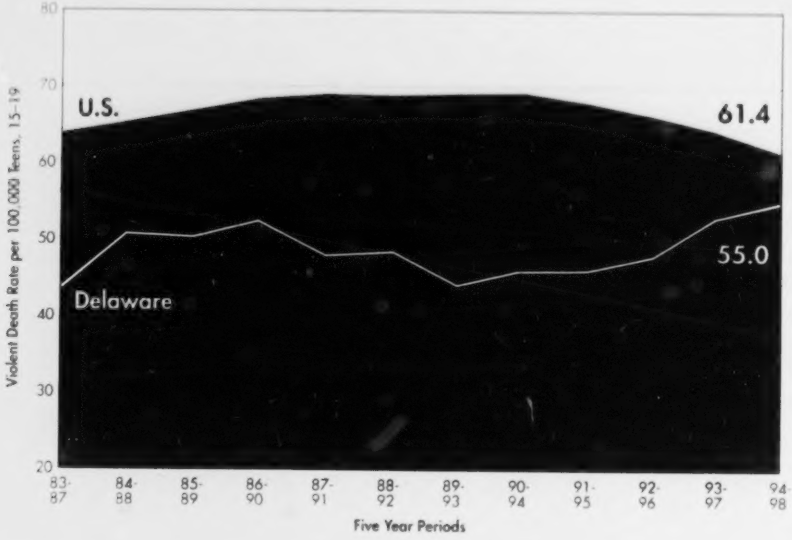
2. Facts on adolescent injury. Center for Disease Control and Prevention: National Center for Injury Prevention & Control. Available from http://www.cdc.gov/ncipc/factsheets/adoles.htm

3, 4. Firearm injuries and fatalities. Center for Disease Control and Prevention: National Center for Injury Prevention & Control. Available from http://www.cdc.gov/ncipc/factsheets/fafacts.htm

5. Suicide fact sheet. National Mental Health Association. Available from http://www.nmha.org/infoctr/factsheets/82.cfm

Teen Deaths by Accident, Homicide, and Suicide

Delaware Compared to U.S.



Sources: Delaware Health Statistics Center, National Center for Health Statistics

Delaware has seen a 25% increase in the teen violent death rate since the late 1980s. The majority of these deaths are due to unintentional injuries, such as automobile accidents.

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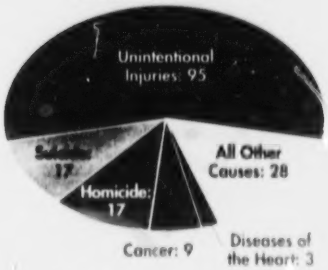
Causes of Death of Teens 15-19

Delaware, 1994-1998



Total Number of Deaths in five-year period: 169 Teens

Source Delaware Health Statistics Center

Deaths by Accident, Homicide, and Suicide of Youth 15-19

Number in Delaware by Cause, 1998

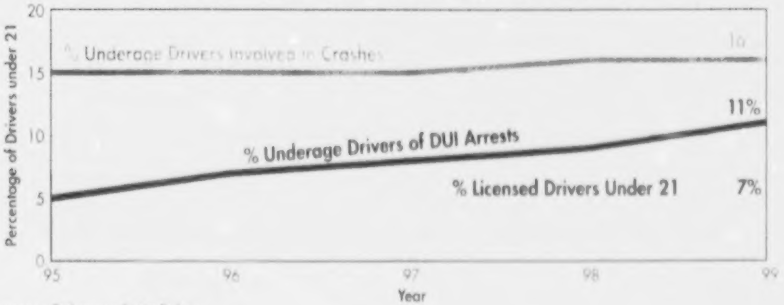
Homicide	2 males 0 females
Suicide	2 males 0 females
Motor Vehicle Crashes	14 males 5 females
Other Unintentional Injuries	4 males 0 females

Total Number of Deaths: 27 Teens

Source Delaware Health Statistics Center

Traffic Reports on Young Drivers

Selected Reports on Drivers under Age 21, Delaware



Sources Delaware State Police

While drivers under age 21 are only seven percent of all drivers in Delaware, they are involved in 16% of all crashes and 11% of all DUI arrests.

- The number of teenage **homicide victims** ages 15-19 more than **doubled** between 1970 and 1994.
- In 1996, more teenagers and young adults **died of suicide** than cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease **combined**.

Source: English, A., Morreale, M., Stinnett, A. (1999) Adolescents in public health insurance programs: medicaid and CHIP. Center for Adolescent Health & the Law. A Project of Advocates for Youth.

Show youth in your community you care...

- Be available to kids in your neighborhood. Talk to them, learn about their interests, share your wisdom with them.
- Encourage your school to provide after-school programs for all youth, especially at the middle school level. Teen pregnancy, drug abuse and juvenile crime are more likely to occur between the hours of 3 to 6 p.m. daily than at any other time.
- Then, volunteer at a local after-school program.

For more information see

Infant Mortality	p. K-22
Child Deaths	p. K-24
Juvenile Violent Crime Arrests	p. K-28
Alcohol, Tobacco, and Other Drugs	p. K-50
Healthy Lifestyles	K-52
Tables 25-31	p. K-75-77

In the FAMILIES COUNT Section:

Infant Mortality	p. F-14
Child Deaths	p. F-18
Substance Abuse	p. F-20
Teen Deaths	p. F-23

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Juvenile Violent Crime Arrests

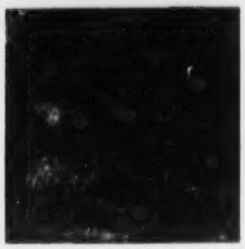
Definition:

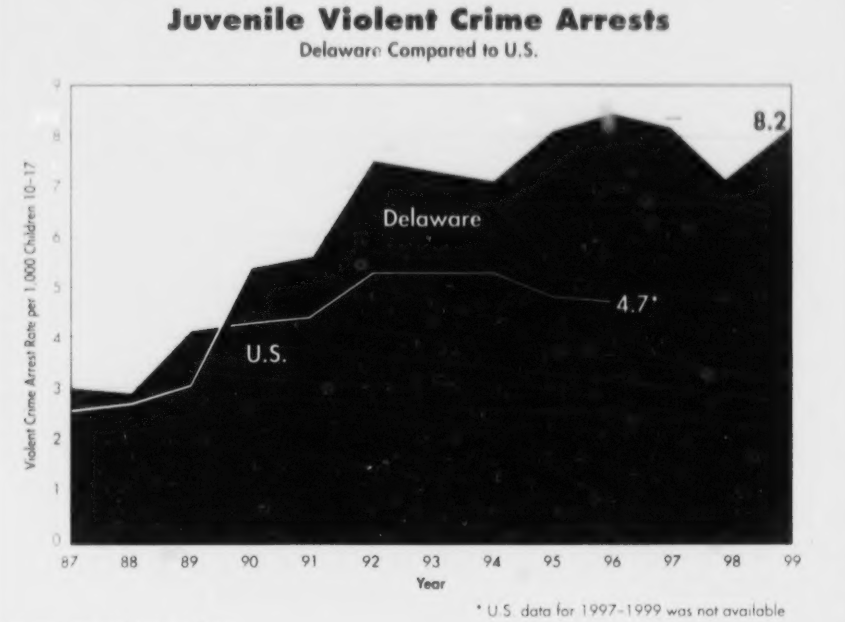
Juvenile Violent Crime Arrest Rate – number of arrests for violent crimes per 1,000 children 10–17; includes homicide, forcible rape, robbery, and aggravated assault

Violent crime indices include homicide, forcible rape, robbery, and aggravated assault. Risk for committing violent crime is associated with gender, race, problems with peers, family and/or school. Drug use, depression and victimization are also predictors for violent behavior. When adolescents participate in gangs, deal drugs, or drop out of school, the likelihood that they will participate in violent activities increases dramatically.[1] Violent crime participation is affected by both individual and community characteristics, which makes it difficult to predict violence in an individual. Supporting youth at an early age and ensuring that they have guidance when needed, may help in achieving healthy and safe futures for this population.[2]

[1] National Governor's Association & NGA Center for Best Practices. Available from: http://www.nga.org/Pubs/Issuebriefs/2000/000214juvcrime.asp#1

[2] National Governor's Association & NGA Center for Best Practices. Available from: http://www.nga.org/Pubs/Issuebriefs/2000/000214juvcrime.asp#1




Juvenile Violent Crime Arrests
Delaware Compared to U.S.
Violent Crime Arrest Rate per 1,000 Children 10–17
0
1
2
3
4
5
6
7
8
9
87
88
89
90
91
92
93
94
95
96
97
98
99
Year
Delaware
U.S.
8.2
4.7*

* U.S. data for 1997–1999 was not available

Source: Statistical Analysis Center

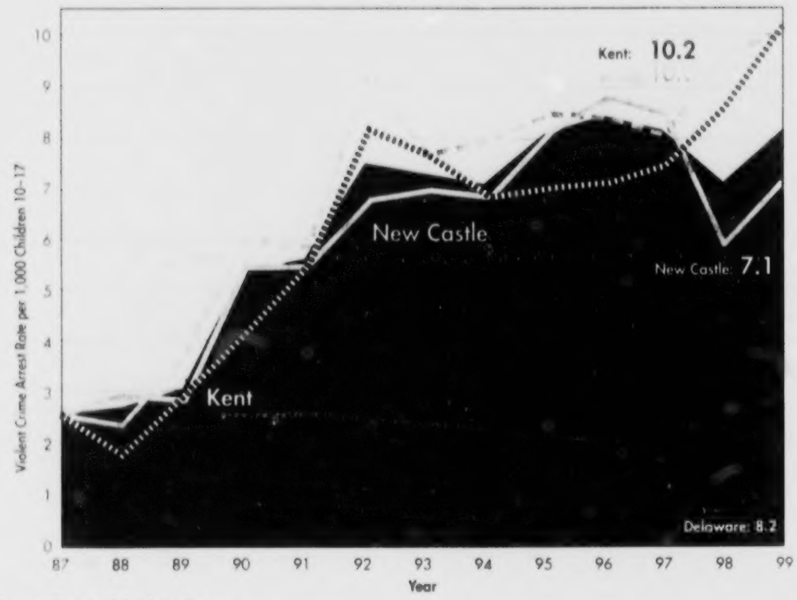
Student Violence and Possession

Delaware Code, Title 14 §4112, signed in July 1993, required that certain types of student conduct occurring in Delaware schools be reported to the Secretary of Education and to the Youth Division of the Delaware State Police. The State Board of Education expanded the reporting requirements of Title 14 to include evidence of other incidents involving school children such as reckless endangering, unlawful sexual conduct, or robbery.

In 39% (666) of the incidents, police charges were filed. In 172 of the incidents, possession and/or concealment of dangerous instruments were involved. Possession of unlawful controlled substances accounted for an additional 228 incidents.

Juvenile Violent Crime Arrests

Delaware and Counties



Source: Statistical Analysis Center

One out of every six arrests in the U.S. involves a juvenile offender. Juveniles account for:

8% of all murders

11% of all rapes

17% of all robberies

12% of all aggravated assaults

Source: H. Snyder (1999). Violent juvenile crime: the number of violent juvenile offenders declines. Corrections Today, 61 (2) 96-101

Violent Juvenile Arrests

Numbers of Juveniles Arrested

	1995	1996	1997	1998	1999
Delaware	588	629	549	557	654
New Castle	382	414	334	298	361
Kent	93	102	96	121	147
Sussex	113	113	119	138	146

Source: Statistical Analysis Center

DATA ACTION!

Know the issues:

School is one of the safest places for our nation's children. However, several high profile shootings in schools have resulted in increased fear. An analysis of the behavior and thinking of school shooters finds:

- Incidents of targeted violence are rarely impulsive. The attacks are typically the end result of an understandable and often discernible process of thinking and behavior.
- Prior to most incidents, the attacker told someone about his idea and/or plan.
- There is no accurate or useful profile of "the school shooter."
- Most attackers had previously used guns or had access to them.
- In a number of cases, having been bullied played a key role in the attack.

Source: U.S.S.S. Safe School Initiative: An Interim Report on the Prevention of Targeted Violence in Schools. Washington, DC

For more information see

Teen Deaths	p. K-26
School-Aged Child Care, Did You Know	p. K-40
Healthy Lifestyles	p. K-52
Tables 27-39	p. K-76-81

In the FAMILIES COUNT Section:

Teen Deaths	p. F-23
Juvenile Delinquents in Out-of-Home Care	p. F-46
Juvenile Violent Crime	p. F-53
Adult Violent Crime	p. F-54
Adults on Probation or Parole	p. F-55

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High School Dropouts

Definition:

Teens Not Graduated and Not Enrolled – youths 16–19 who are not in school and not high school graduates

Students who drop out of school often experience a fragile economic status. The increasing need for high levels of educational attainment to thrive in our society means that these adolescents face a significant disadvantage. There are many reasons that students give for prematurely terminating their education. Getting poor grades, having difficulties with teachers, pregnancy, marriage, having friends who drop out and being expelled or suspended from school all lead students to leave high school.[1] *Of all drop outs, statistics show that 20 percent of students drop out before the eighth grade, and two thirds leave before the tenth.*

Adolescents of Hispanic origin are the most likely to drop out followed by African American and then Asian American and Caucasian students.[2] *However, it seems that socioeconomic indicators such as poverty and coming from a single-parent or non-English speaking family are much more accurate predictions of dropping out than race alone.*[3]

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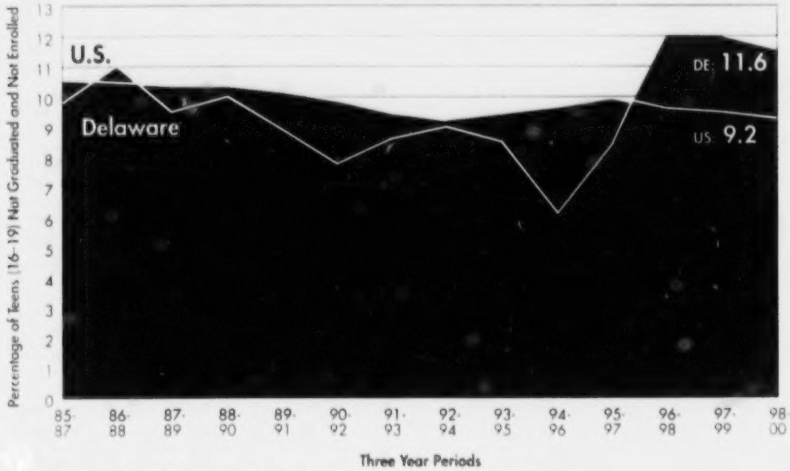
[1] Schwartz, W. (1995). School dropouts: new information about an old problem. ERIC Clearinghouse on Urban Education. 109. Available from: http://www.ed.gov/databases/ERIC_Digests/ed386515.html

[2] Schwartz, W. (1995). School dropouts: new information about an old problem. ERIC Clearinghouse on Urban Education. 109. Available from: http://www.ed.gov/databases/ERIC_Digests/ed386515.html

[3] Gaustad, J. (1991). Identifying potential dropouts. ERIC Clearinghouse on Educational Management. Available from: http://www.ed.gov/databases/ERIC_Digests/ed339092.html



Teens Not Graduated and Not Enrolled

Teens 16–19 Years Old, Delaware Compared to U.S.

Note: Variations in the Delaware graph are due to sampling size of the data collection.
Data are collected through a sample size too small for county breakout.
This measure is based on an analysis of the Current Population Survey, representing a nationwide sampling. Like all estimates derived from sampling, these figures do contain sampling errors. The Bureau of Labor Statistics suggests that state rankings based on these figures should be used with caution.

Source: Center for Applied Demography and Survey Research, University of Delaware

It has been found from dropout self reports, that during the last two years of attending school:

1/3 cut class at least 10 times, were late at least 10 times, missed at least 10 days of school, had failed a class

1/5 had been held back a grade

1/3 thought they were "no good at all",
felt "useless at times",
said they have nothing to be proud of

Source: School dropouts: new information about an old problem. ERIC Clearinghouse on Urban Education. 109. Available from: http://www.ed.gov/databases/ERIC-Digests/ed386515.html

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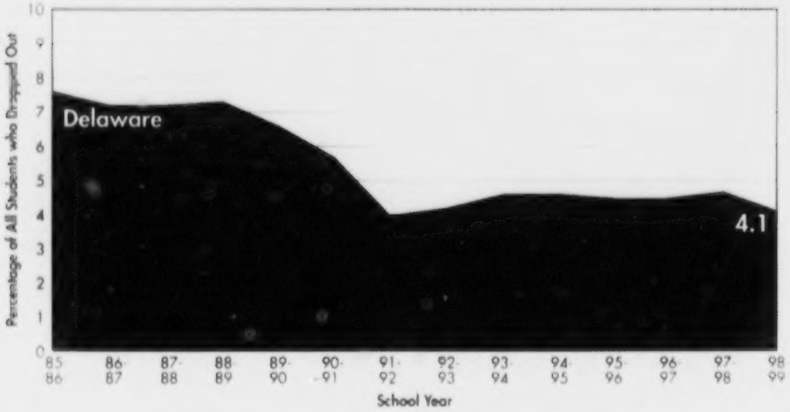
Public High School Dropouts

Grades 9–12, Delaware

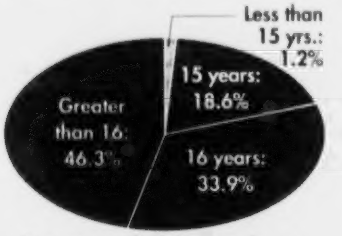


This data, provided by the Delaware Department of Education, reports information from the state's secondary schools. Delaware is one of the states that currently has the capability to maintain a complete dropout database at the state level which contains individual student records, rather than aggregate counts.

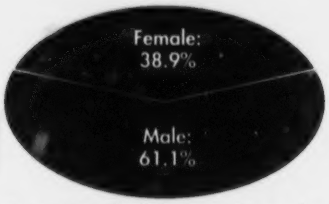
Source: Delaware Department of Education

Dropouts

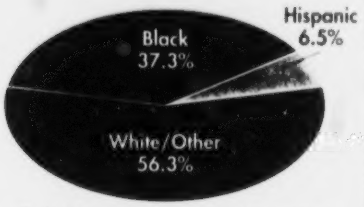
by Age, Gender, and Racial/Ethnic Group



Percentage of all dropouts by age



Percentage of all dropouts by gender

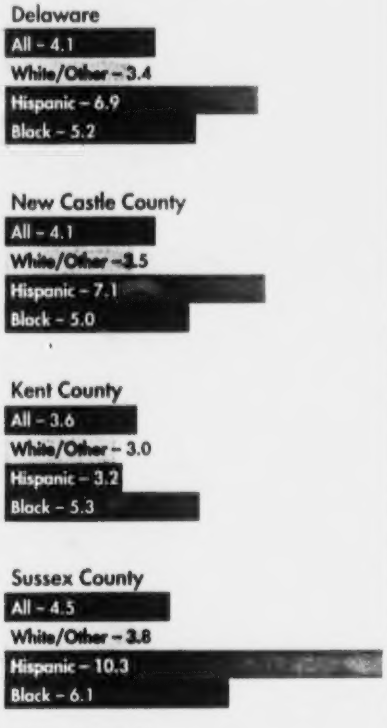


% of all dropouts by racial/ethnic group

School Year 1998–1999
Source: Delaware Department of Education

Dropout Rates

by Racial/Ethnic Group



Delaware Average: 4.1

School Year 1998–1999
Source: Delaware Department of Education

For more information see

Infant Deaths by Education of the Mother	p. K-23
Teens Not in School and Not Working	p. K-32
Suspensions and Expulsions	p. K-33
Healthy Lifestyles	p. K-52
Table 21	p. K-72
Tables 40-47	p. K-81-84
Table 65	p. K-92
In the FAMILIES COUNT Section:	
Student Achievement	p. F-28
Teens Not in School and Not Working	p. F-30
High School Dropouts	p. F-31

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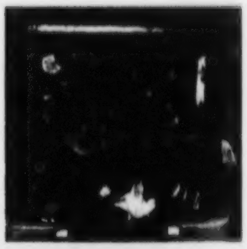
Teens Not in School and Not Working

Definition:

Teens Not in School and Not Working – teenagers 16–19 who are not in school and not employed

Teens who are not in school and have not found steady employment are at risk. Their present prospects and future outcomes are often not compatible with a successful lifestyle. They are separated from their peers, which makes them lose not only academic knowledge, but social experiences as well. When adolescents are not living structured lives, they often participate in unhealthy and dangerous activities.[1] These teens limit their future prospects by staying out of the workforce because skills are not learned such as problem solving, creativity, responsibility and time management.[2] Statistically, they are much more likely to become teen parents, participate in crime, and have limited economic prospects in the future.[3]



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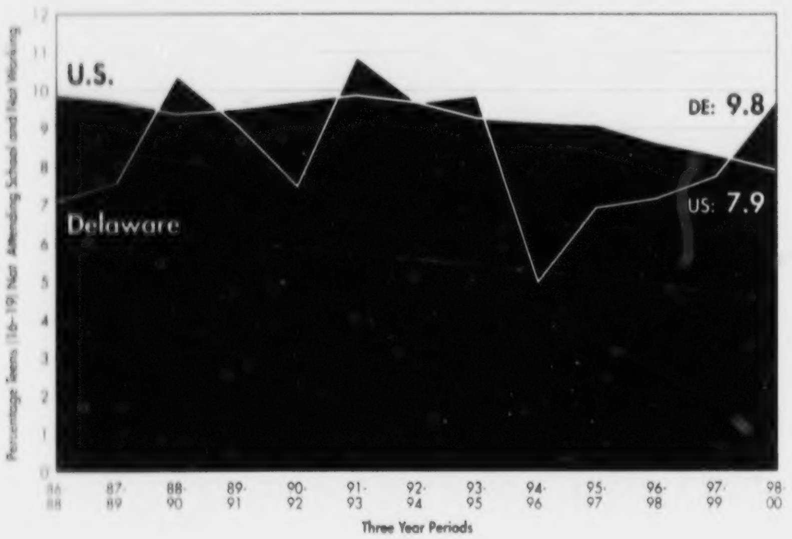
[1] Indicators of child well-being. Forum on Child and Family Statistics. Available from http://www.childstats.gov/ac2000

[2] Teens not in school and not working (2000). Rhode Island KIDS COUNT Fact Book

[3] Teens not in school and not working (2000). Rhode Island KIDS COUNT Fact Book

Teens Not in School and Not Working

Delaware Compared to U.S.



Note: Variations in the Delaware graph are due to sampling size of the data collection.
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This measure is based on an analysis of the Current Population Survey, representing a nationwide sampling.
Like all estimates derived from sampling, these figures do contain sampling errors. The Bureau of Labor Statistics suggests that state rankings based on these figures should be used with caution.

Source: Center for Applied Demography and Survey Research, University of Delaware

Suspensions and Expulsions

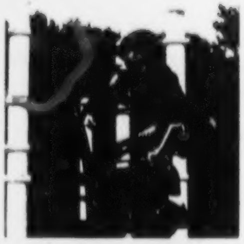
The State of Delaware's Department of Education keeps track of out-of-school suspensions and expulsions in all regular, vocational/technical, and special public schools for each school year. During the 1998-99 school year, a total of 28,348 out-of-school suspensions were reported in Delaware's public schools. Three percent of these suspensions occurred in grades K-3. Approximately 47% of the suspensions involved students from grades 4-8 and the remaining 50% of suspensions happened at the high school level, grade 9-12. Suspensions were the result of various infractions, including fighting (13%) and defiance of authority (20%). The number of different students involved in incidents that resulted in suspension was 13,038.

It is important to know that the duration of out-of-school suspensions is influenced by district policy, district procedure, severity of the incident, frequency of a particular student's involvement in disciplinary actions, and the availability of disciplinary alternatives.

Expulsions in Delaware Schools, 1998-99

County	Number of Expulsions	Enrollment	Percentage of Enrollment Who Were Suspended
Delaware	200	113,082	0.2%
New Castle	87	66,831	0.1%
Kent	27	25,005	0.1%
Sussex	86	21,246	0.4%

Source: Delaware Department of Education



DATA ACTION! Offer your support:

- Support safe places in the community that offer productive activities for teens can connect youth to caring adults, strengthen teens' commitments to school, and provide opportunities for young people to contribute to their community and society.
- Support programs such as Junior Achievement which helps youth understand business, value education and be workforce ready.
- Many middle-class teens get their jobs through a network of informal contacts. Low-income teens are less likely to have these kinds of connections to employers and places of employment. Hire a teen who may not have these connections or encourage local businesses to reach out such youth.

For more information see

High School Dropouts	p. K-30
Healthy Lifestyles	p. K-52
Tables 40-47	p. K-81-84
Table 65	p. K-92
In the FAMILIES COUNT Section:	
Student Achievement	p. F-28
Teens Not in School and Not Working	p. F-30
High School Dropouts	p. F-31
Unemployment	p. F-50

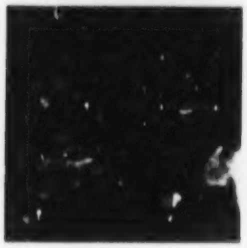
Children in Poverty

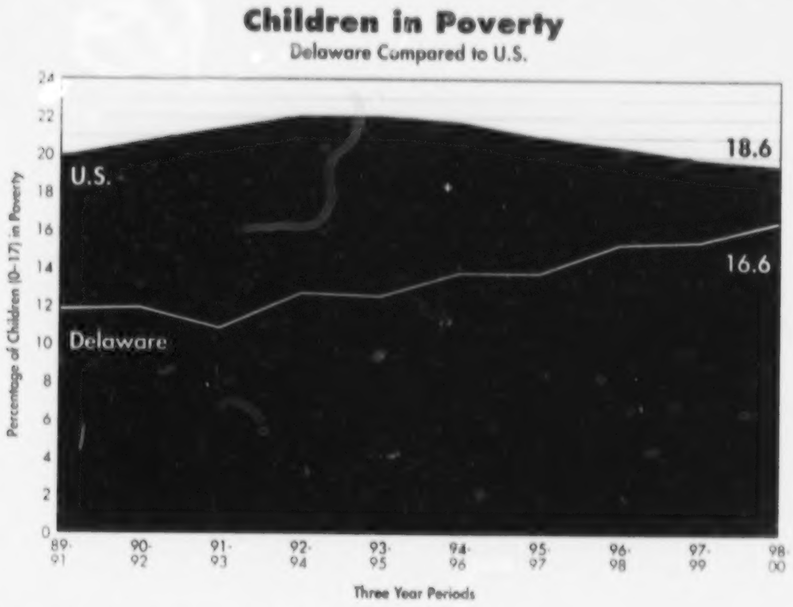
Definition:

Children in Poverty – percentage of children in poverty; in 1999 the poverty threshold for a one-parent, two child family was $13,423. For a family of four with two children, the threshold was $16,895.

Poverty can be defined as not having enough economic resources to meet the basic needs of life such as food, shelter and clothing. Poverty can have devastating consequences for children and their families. Children who live in poverty are more likely to have trouble in school, more likely to become a teenage parent, and have trouble attaining adequate employment as adults.[1] *Three factors that often lead to poverty are single parenthood, low educational attainment and part-time or no employment. Children who are living with single mothers are five times more likely to live in poverty than their counterparts.*[2]

In order for children to grow up to be healthy and vibrant contributors to society, they need adequate nutrition, education and nurturing. When living in poverty, children are susceptible to food insecurity, inconsistent access to quality medical care, and limited school choices.[3] *Poverty is one of the main predictors of whether a child is going to grow up into a successful adult.*





Source: Center for Applied Demography and Survey Research, University of Delaware

- Child **poverty rates are highest** among African American and Hispanic children, but there are more white children living in poverty.
- **Children under 6** are more likely to live in poverty than children age 9–17.
- **21%** of children under 6 live in poverty in the United States.

Source: Indicators of child well being, Forum on Child and Family Statistics. Available from http://www.childstats.gov/ac2000

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[1] Indicators of child well being. Forum on Child and Family Statistics. Available from http://www.childstats.gov/ac2000

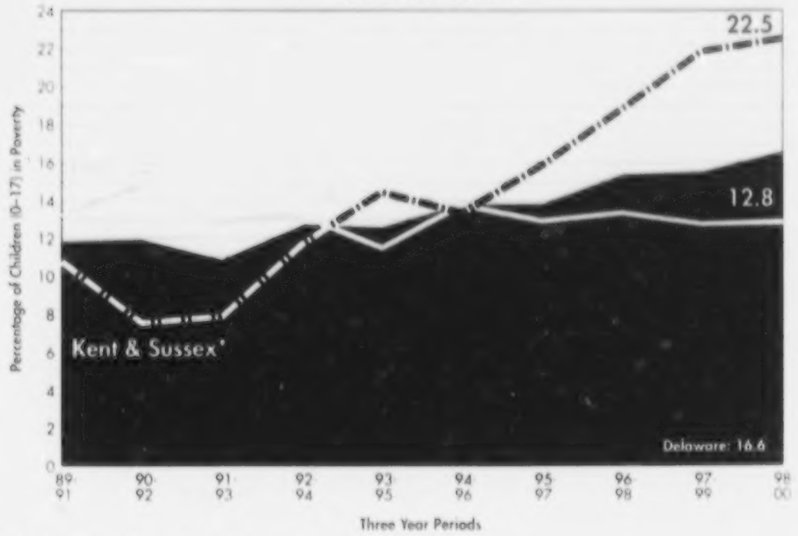
[2] Young children in poverty: a statistical update, June 1999 edition. National Center for Children in Poverty. Available from http://cpmcnet.cpmc.columbia.edu/dept/nccp/99uptext.html

[3] Indicators of child well being. Forum on Child and Family Statistics. Available from http://www.childstats.gov/ac2000

Although the percentage of children in poverty is lower than the United States, Delaware is experiencing the opposite trend of the nation. While the U.S. rate is improving, Delaware is getting worse, going from a low of 10.9% in 1993 to a high of 16.6% in the current three-year period. Over 34,000 children live in poverty in Delaware — one in six children.

Children in Poverty

Delaware and Counties



* Kent and Sussex County data are not available separately

Source: Center for Applied Demography and Survey Research, University of Delaware

Kent and Sussex Counties have experienced significant increases in child poverty—tripling in the past nine years. The overall poverty rate in these two counties has doubled in the same time period. New Castle County rates, on the other hand, have remained fairly steady over the past ten years. This dramatic rise in child poverty in the two southern counties is cause for great concern—this rate is even higher than the national average.

Know the issues:

How Poverty is Measured

The federal government's official poverty index is used to classify income as above or below the poverty line. The poverty level, created in 1964, was computed by using as a yardstick the minimum amount of money believed necessary to purchase a nutritionally adequate diet. This amount was then multiplied by three to obtain a poverty threshold. A family is officially classified as poor if its cash income (wages, pensions, social security benefits and all other forms of cash income) falls below the poverty threshold. The poverty income thresholds are updated each year for inflation (as reflected in the Consumer Price Index).

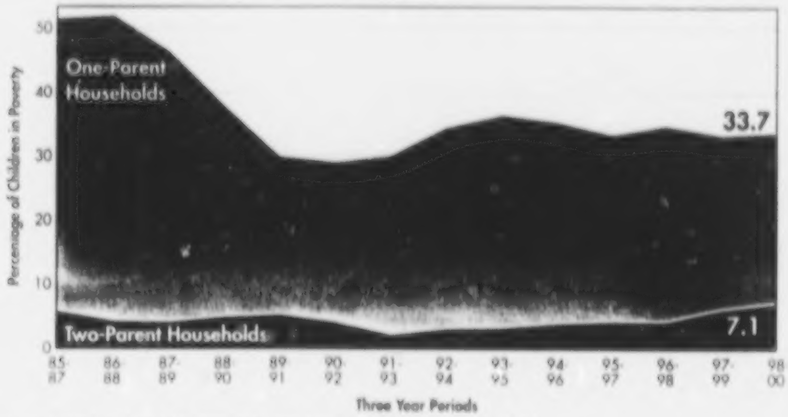
There is much debate on whether this methodology can accurately determine which families are in fact "poor." Many suggest that it produces an unrealistically low threshold ($16,895 for a family of four in 1999, the year of the data presented in this book). There are families with wage earners whose incomes may in fact exceed the official poverty level but who still have difficulty meeting the basic needs of food, clothing, shelter, and health care for their families.

Children in Poverty

continued from previous page

Children in Poverty by Household Structure

Delaware

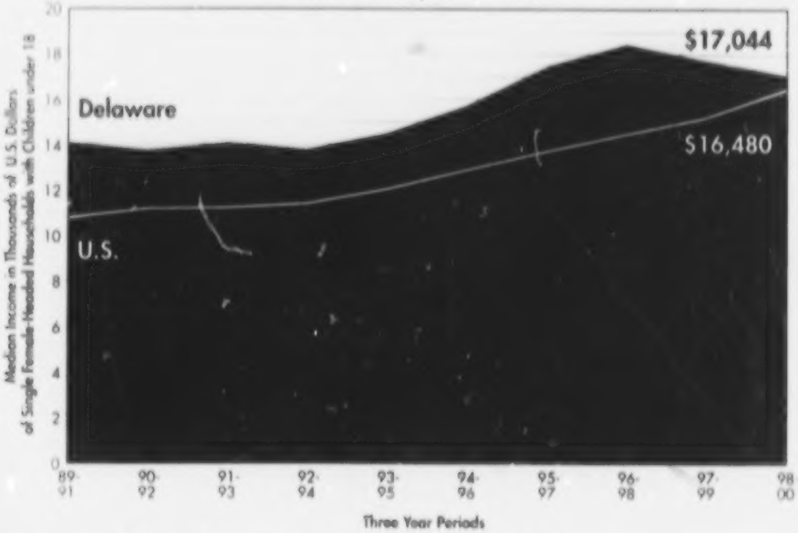


Source: Center for Applied Demography and Survey Research, University of Delaware

Children who live with only one parent are much more likely to be poor than children who live with two parents. This is true for white, black, and Hispanic children, although percentages vary across racial/ethnic groups. The percentage of children in one-parent families in Delaware has increased dramatically over the past decade, now indicating that more 37% of all families are single-parent households in the state. This rate is significantly higher than the national proportion. Thus the likelihood of a rising proportion of children living in poverty.

Median Income of Single Female Headed Households with Children under 18

Delaware Compared to U.S.

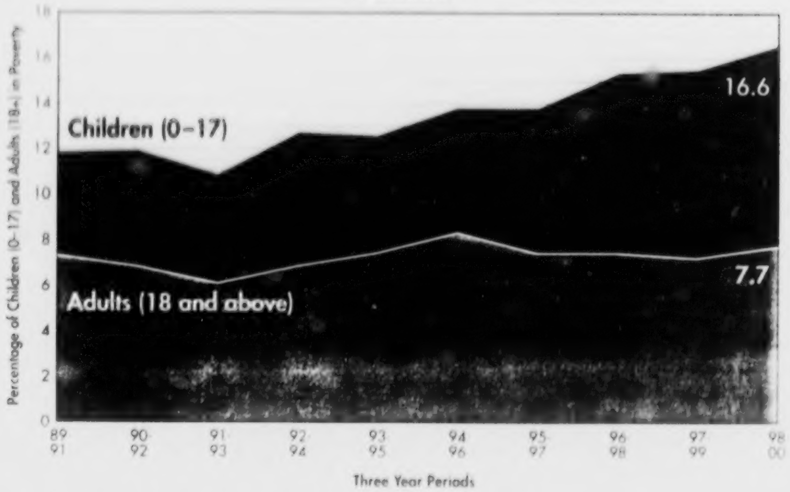


Source: Center for Applied Demography and Survey Research, University of Delaware

Although female-headed households in Delaware earn slightly more than the United States average, more than half of all these households earn less than $17,000. Considering the poverty level for a single-parent, two-child family was $13,423 in 1999, the likelihood that these children are living in or near poverty remains high.

Children in Poverty Compared to Adults in Poverty

Delaware



Source: Center for Applied Demography and Survey Research, University of Delaware

While the poverty rate among adults in Delaware remains fairly constant, the rate among children is increasing – over double the rate of adults. About 34,362 children are living in poverty in this state; a significant number considering the long-term effects of poverty. For some families in Delaware, the increase in maternal employment from TANF requirements may move the family above the poverty line. For others, mothers' earnings may simply replace welfare payments but not be sufficient to raise families out of poverty. Policy makers must examine other subsidies such as additional child care supports, earned income tax credits, and education and training opportunities to help lift these families above the poverty line.

> The number of children who actually experience hunger themselves, even though they may live in a food-insecure household where one of more family members experience hunger, is believed to be significantly smaller than the total number of children living in such households. This is because in most such households the adults go without food, if necessary, so that the children will have food.
>
> Source: On the Table, U.S. Department of Agriculture, Washington, DC

DATA ACTION!

Help kids escape poverty...

Donate food, clothes, and supplies to food pantries, missions and shelters.

Donate your time to an agency that provides food or shelter such as

• The Food Bank of Delaware	(302) 292-1309
• Ministry of Caring	(302) 575-8040
• People's Place II	(302) 422-8033

For more information see

Subsidized Child Care	p. K-41
Children Receiving Free- and Reduced-Price School Meals	p. K-45
Women and Children Receiving WIC	p. K-44
Children without Health Insurance	p. K-46
Tables 48-57	p. K-85-88
Tables 59-62	p. K-89-90
Table 65	p. K-92

In the FAMILIES COUNT Section:

Health Care Coverage	p. F-19
Children in Poverty	p. F-34
Female Headed Households in Poverty	p. F-38
Child Support	p. F-39
Risk of Homelessness	p. F-40
Health Care Coverage	p. F-41
Unemployment	p. F-50
Substandard Housing	p. F-56
Home Ownership	p. F-57

Children in One-Parent Households

Definition:

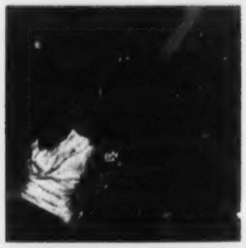
Children in One-Parent Households - percentage of all families with "own children" under age 18 living in the household, who are headed by a person – male or female – without a spouse present in the home. "Own children" are never-married children under 18 who are related to the householder by birth, marriage, or adoption.

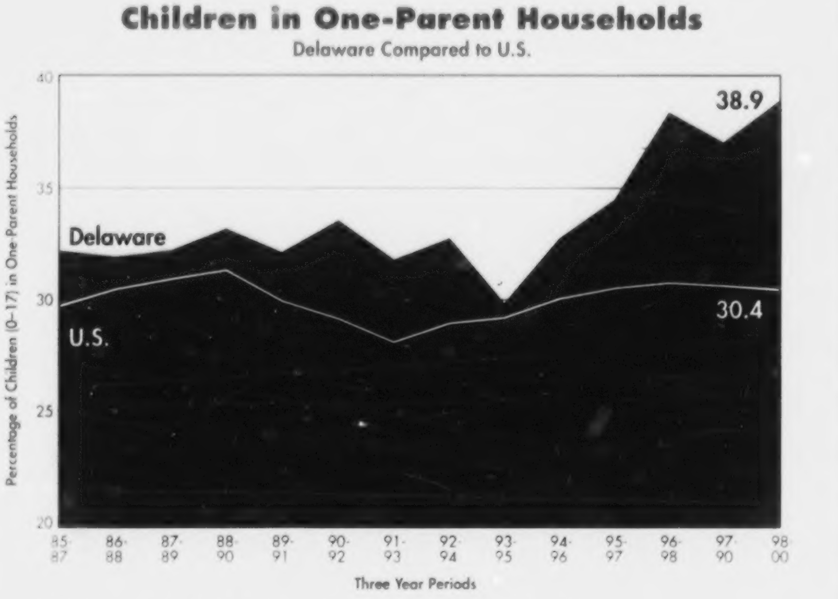
Family structure is very important for the current and future well-being of children and adolescents. Living in a disrupted or single-parent family is associated with increased risk of drug use, teenage pregnancy, and lower earnings.[1] Today, 32% of children live in a single-parent household, compared to 15% in 1970. Demographically, most single-parent families are headed by women who are in poverty, or living near the poverty line. About 50% of all children living only with their mother in 1997 were living in poverty, compared with only 10% of children living with two parents.[2]

---

[1] U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Trends in Well-Being of America's Children and Youth. U.S. Government Printing Office, 1999.

[2] Single parents: career-related issues and needs. Eric Clearinghouse on Adult Career and Vocational Education. Eric Digest No. 75. Available from http://www.ed.gov/databases/ERIC_Digests/ed296123.html





Children in One-Parent Households
Delaware Compared to U.S.

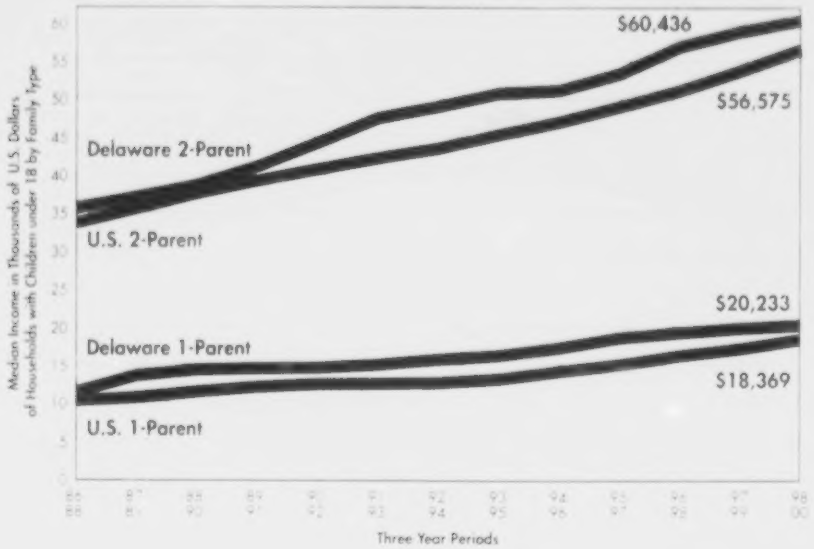
Source: Center for Applied Demography and Survey Research, University of Delaware

DATA IN ACTION! Children need and enjoy contact with adults other than their parents; when surrounded by caring adults kids have both security and liberation, a broader base of operation and the freedom to explore a variety of lifestyles and beliefs. Grownups who are involved with children gain a sense of generational completion, an opportunity to influence, protect and defend the young.

- Join an organized single-parent support group such as Parents without Partners.
- Seek out or become a mentoring parent.
- Support intergenerational programs. Encourage seniors to become surrogate grandparents by volunteering in classrooms, reading to children, or "adopting" children in the neighborhood from single-parent families.

Median Income of Families with Children by Family Type

Delaware and U.S.



Source: Center for Applied Demography and Survey Research, University of Delaware

Percentage of Births to Single Mothers

in Delaware by County, Age, and Race
Five-year Average, 1995–99

36.5% of all births in Delaware

34.2% of births to women in New Castle Co.

37.3% of births to women in Kent Co.

44.1% of births to women in Sussex Co.

89.3% of births to teenagers

58.2% of births to women 20–24 years old

23.3% of births to women 25–29 years old

13.9% of births to women 30+ years old

36.5% of births in Delaware

32.5% of births in the U.S.

25.4% of births to White women in Delaware

26.0% of births to White women in the U.S.

[illegible]

69.7% of births to Black women in the U.S.

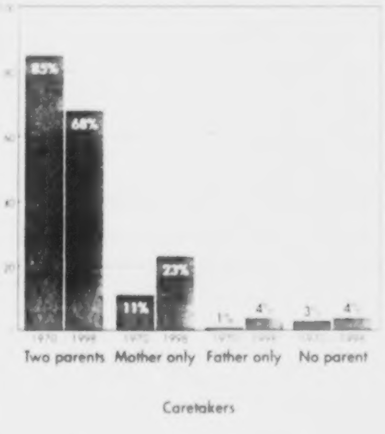
51.1% of births to Hispanic women in the Delaware

41.2% of births to **Hispanic** women in the U.S.

Delaware Average 36.5

Source: Delaware Health Statistics Center

Percentage Distribution of Living Arrangements for Children under 18 in the U.S.



Source: Trends in the well-being of America's children and youth (1999). U.S. Department of Health and Human Services, Office of Assistant Secretary for Planning and Evaluation

For more information see

Birth to Unmarried Teens	p. K-19
Infant Mortality by Martial Status of Mother	p. K-23
Children in Poverty by Household Structure	p. K-36
Table 9	p. K-62
Table 21	p. K-72
Tables 50-51	p. K-85-86
Tables 58-64	p. K-89-91

In the FAMILIES COUNT Section:

One Parent Households	p. F-35
Female Headed Households in Poverty	p. F-38
Child Support	p. F-39

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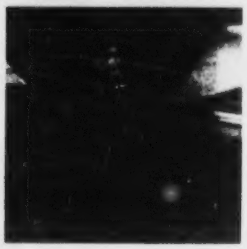
Early Care and Education and School-Age Child Care

From 1970 to 1990 the proportion of children under 18 with mothers in the workforce grew from 32 to 62 percent. In 1997, 78 percent of mothers with 6-13 year olds were working.[1]

Children go through a tremendous amount of cognitive and physical development in the first few years of life. In order to reach their potential, children need to have quality care. It has been found that a good child-care environment consists of nurturing, educationing and empathetic teachers, and developmentally relevant programs.[2] *According to research, children who participate in high standard early childhood education programs have fewer behavioral problems and they score higher on school readiness and language tests than those who are not in these types of programs.*[3]

After school care for children whose parents work is another important aspect of child-care. Approximately 8 million children between the ages of 5 and 14 spend time without adult supervision on a regular basis. When children do not have adult supervision, they are at a greater risk for truancy, poor grades, participating in risk-taking behavior, and using drugs.[4]



Accredited Programs

Number of Accredited Programs by Accrediting Organization*, Delaware and Counties, 1999

	NAFCC	NAEYC	NSACA
Delaware	40	26	0
New Castle County	35	22	0
Kent/Sussex Counties	5	4	0

Source: The Family and Workplace Connection

* NAFCC is the National Association for Family Child Care Providers

* NAEYC is the National Association for the Education of Young Children

* NSACA is the National School Age Care Alliance

Quality: Well-designed early childhood programs can promote healthy cognitive, emotional and social development. High quality child care provides a safe and nurturing learning environment for infants and young children. Recent brain research indicates that early care and education has long-lasting effects on how children learn and develop, cope with stress and handle their emotions.

- **39%** of K-3 children have some form of non-parental before and/or after school care.
- **Juvenile crime rates triple** between the hours of 3 p.m. and 6 p.m.
- Children spend only **20%** of their waking time in school, leaving **185 days** and many hours each day free, and often unsupervised.
- The average child spends **4.8 hours** per day watching television, using computers and playing video games.

Source: Fact sheet on school-aged children's out-of-school time (2000). The Wellesley Centers for Women: The National Institute on Out-of-School Time. Available from: http://www.wellesley.edu/WCW/CRW/SAC/Factsht.html

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[1] [illegible] D., [illegible] L. (1999). After school child care programs. Future of Children 9 (2).

[2] Newberger J. Standards mean results for kids in child care. The Wellesley Centers for Women. Available from: http://www.wellesley.edu/wcw/crw/sac/factsht.html

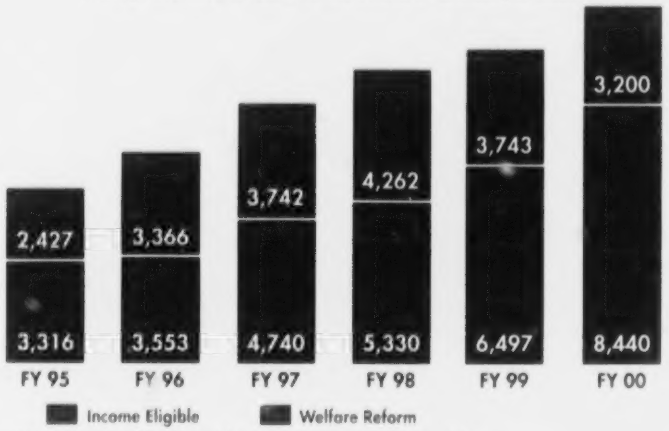
[3] Newberger J. Standards mean results for kids in child care. The Wellesley Centers for Women. Available from: http://www.wellesley.edu/wcw/crw/sac/factsht.html

[4] Fact sheet on school-aged children's out-of-school time (2000). The Wellesley Centers for Women: The National Institute on Out-of-School Time. Available from: http://www.wellesley.edu/WCW/CRW/SAC/Factsht.html

Cost: The cost of full-time child care often represents the largest expense, after housing, for working parents who need full-time care for their children.

Subsidized Child Care

Average Number of Children Served in Delaware per Month

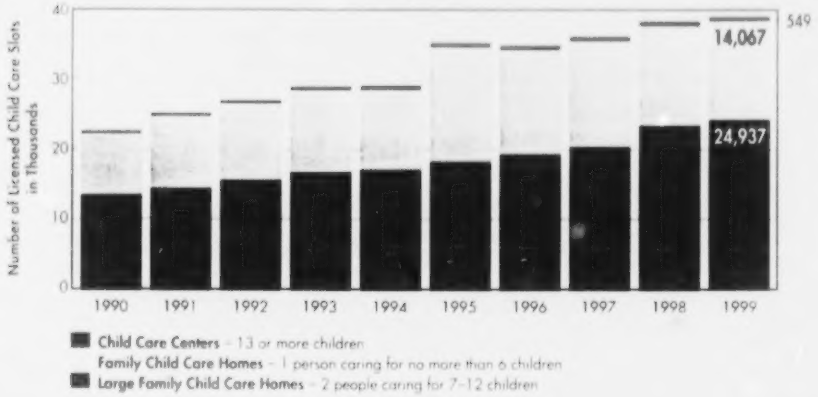


Source: Delaware Department of Health and Social Services, Division of Social Services

Child care costs vary widely among Delaware's counties, ranging from an average weekly cost of $74 for toddlers in Kent and Sussex County to $103 in New Castle County. Costs also vary greatly depending on the age of the child with rates for newborns up to 12 months the highest, averaging $96 weekly in Delaware. Subsidized child care is provided through the Division of Social Services for the state of Delaware. Working families with incomes up to 200 percent of the federal poverty line are entitled to child care subsidies. Families leaving welfare are also eligible for transitional co-payments depending on income.

Available Child Care

Delaware



Source: Delaware Department of Services for Children, Youth and Their Families

Staff/Child Ratios

Licensing Requirements vs. Accreditation Recommendations Staff to Child Ratios

Age of Child	# Children Allowed per Caregiver in Delaware	NAEYC Recommended Level
9 month	4	3–4
18 month	7	3–5
27 month	10	4–6
3 years	12	7–10
4 years	15	8–10

Source: Children's Defense Fund (1996, May). Delaware child care challenges.

Availability: The increasing proportion of women in the labor force has resulted in significant numbers of children who need child care in their earliest years.

Continued on next page

Early Care and Education and School-Age Child Care

continued from previous page

Head Start/ECAP: Head Start is a comprehensive early childhood development program for low-income preschool children and their families. The Early Childhood Assistance Program in Delaware provides funding for four-year olds who meet the eligibility criteria for Head Start programs. Both programs are designed to provide low-income children with the socialization and school readiness skills they need to enter public schools on an equal footing with more economically advantaged children[1].

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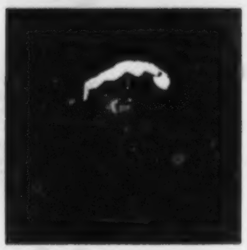
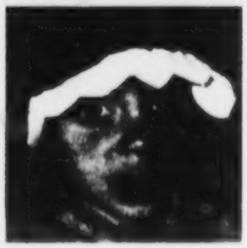
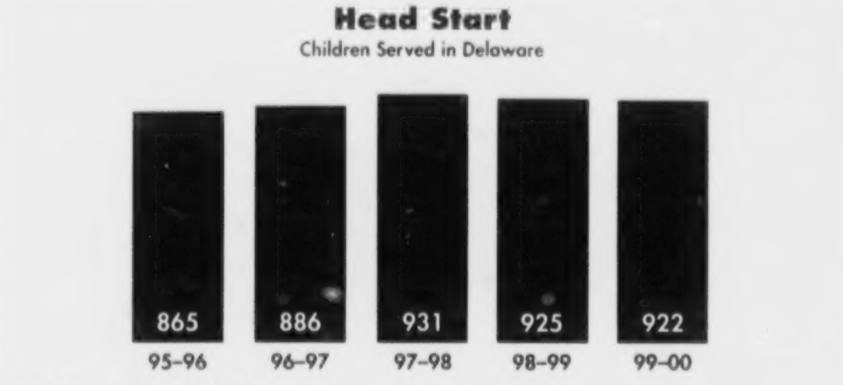
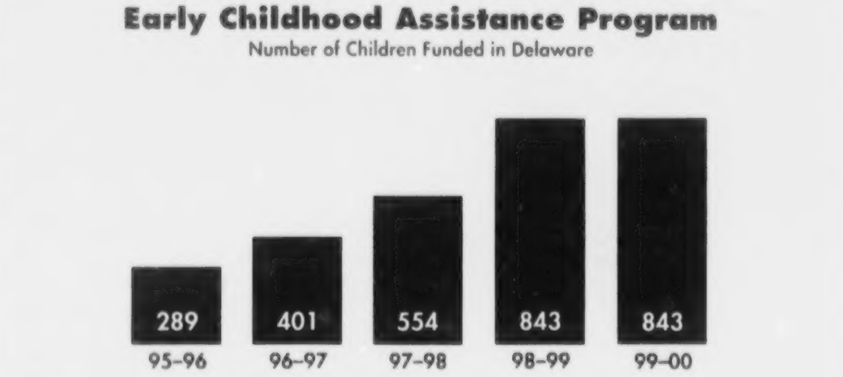
[1] Children's Defense Fund. (1995). The State of America's Children Yearbook 1995. Washington, DC






Head Start
Children Served in Delaware

Source: Delaware Department of Education


Early Childhood Assistance Program
Number of Children Funded in Delaware

Source: Delaware Department of Education

DATA ACTION!

Care for Caregivers –
Overworked and underpaid child care providers greatly benefit from paid leave to attend workshops and short, daily breaks by volunteers.

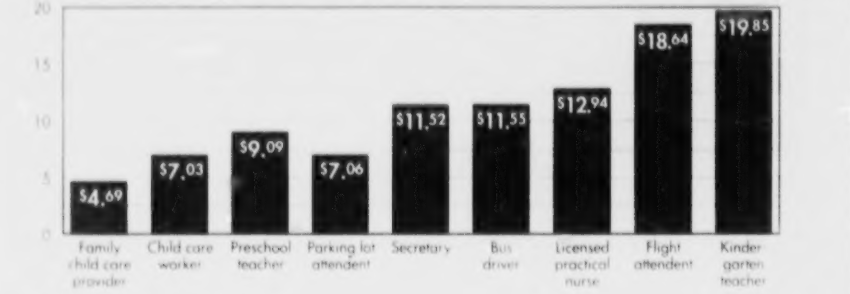
1% for Kids –
Lobby local officials to dedicate 1% of their funds for after-school activities.

Encourage your employer to provide space for a child care facility or subsidies for employees.

Wages and Benefits: Experienced child care providers frequently leave their jobs because of low salaries and inadequate benefits. Child care providers are among the lowest paid workers in the labor market.

Child Care Salaries in the United States

Average center-based salaries in all 50 states compiled by the U.S. Bureau of Labor Statistics, 1999

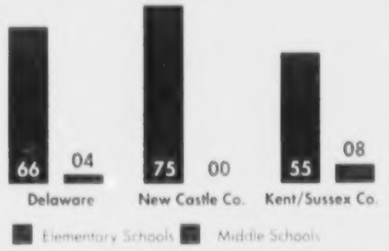


Source: Center for Child Care Workforce

School Age Care: The problems and temptations that school age children face when they are left unsupervised are alarming. Studies indicate that children who are left unsupervised have higher absentee rates at school, have lower academic test scores, exhibit higher levels of fear, stress, nightmares, loneliness, and boredom, are 1.7 times more likely to use alcohol, and are 1.6 times more likely to smoke cigarettes[1]. High quality after school programs, staffed by trained, caring adults, can have a measurably positive effect on children. These types of programs can help meet the critical child care needs of working families and their children. Programs based in schools are highly desirable for a number of reasons. Schools exist in every community and offer valuable resources that could be utilized to provide after school programs. And because children are already at school, there is no transportation needed in the middle of the day[2].

Site-Based School Age Programs

Percent of Public Schools
with School Age Child Care
Delaware and Counties, 2000



Source: The Family and Workplace Connection

Child Care and School Age Programs

Delaware and Counties, 1999

	Total	School Age
Delaware	2,021	1,616
New Castle Co.	1,223	945
Kent/Sussex Co.	798	671

Source: The Family and Workplace Connection

ATA
CTION!

Support child care initiatives in the state legislature by calling or writing to legislators representing your district.

Tutor a child weekly at no charge.

For more information see

Table 51	p. K-78
Tables 66-69	p. K-92-93

In the FAMILIES COUNT Section:

Early Intervention	p. F-26
Head Start	p. F-27

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[1] [illegible] http://www.ci.seattle.wa.us/[illegible]

[2] National PTA (1998, April). Before and after school care.

Women and Children Receiving WIC

WIC is intended to improve the nutritional intake of women who are pregnant, postpartum or breastfeeding, as well as their infants and children. It provides supplemental food, nutrition education and referrals for medical services. WIC helps women make adequate nutrition decisions for their children, and also gives them the resources to do it. The foods provided include those that are rich in protein, calcium, iron and vitamins A and C. Participants are screened individually and must be determined to be at a nutritional risk in order to receive the services and vouchers for food.[1]

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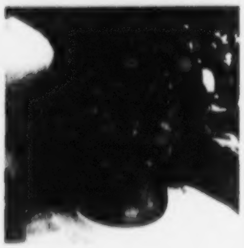
[1] Oliveira, V., Gunderson, C. (1999). WIC and the nutrient intake of children. Economic Research Service, USDA



WIC Program

Average Number Served per Month
Delaware, 1996 and 1999*

	1996	1999
Infants	4,414	4,529
Children 1–4	8,353	7,409
Mothers	3,230	3,336

*Federal Fiscal Years
Source: Division of Public Health, WIC Office

WIC Program

Total Number Served
Delaware, 1999

In federal fiscal year 1999, 19,047 infants and children were served by WIC in the State of Delaware.

Over 51% of all infants born in 1999 in Delaware used the services of WIC in that year.

Source: Division of Public Health, WIC Office

- The average WIC package costs between **$32.45** and **$46.20.**
- 7.4 million participated per month in 1998, including **3.7** million children.
- WIC has **reduced low birth weights by 25%**, and **very low birth weights by 44%**.
- For every dollar spent on WIC, there is a **$3.50 savings** in medical costs.

Source: Oliveira, V., Gunderson, C. (1999). WIC and the nutrient intake of children. Economic Research Service, USDA

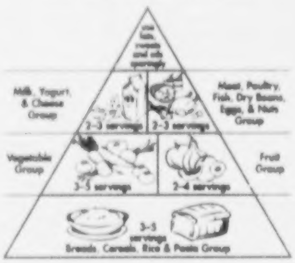
WIC families get monthly supplies of foods high in **protein, iron, vitamin C, and calcium**.

Participants receive vouchers for milk, cereals, eggs, cheese, peanut butter, beans, juices, and infant formula. Breast feeding moms also receive tuna and carrots.

Women who are pregnant or breastfeeding need to increase their intake to four to five servings from the Milk, Yogurt, and Cheese Group.

Source: WIC Growing Healthy Families, www.boco.co.gov

The Food Guide Pyramid


Milk, Yogurt, & Cheese Group
Meat, Poultry, Fish, Dry Beans, Eggs, & Nuts Group
2-3 servings
2-3 servings
Vegetable Group
Fruit Group
3-5 servings
2-4 servings
3-5 servings
Breads, Cereals, Rice & Pasta Group

For more information see

Children in Poverty p. K-34

Children Receiving Free and Reduced Price School Meals p. K-45

Tables 52-53 p. K-86-87

In the FAMILIES COUNT Section:

Children in Poverty p. F-34

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Children Receiving Free and Reduced-Price School Meals

Nationally, approximately 26.1 million children have benefited from the school lunch programs in 1998 in about 93,000 schools. Also, seven million children received food from the breakfast program in about 68,426 schools in 1998.[1] Adequate nutrition is needed for children to develop and grow properly and poor eating habits are also linked to behavioral problems. In order for children to be successful in the school setting, it is helpful for them to receive nutritious meals, thus providing a way to counteract some of the major effects of poverty while at school.[2]

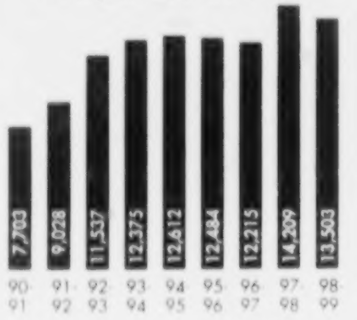
[1] Federal food programs: school breakfast program. Federal Food Programs. Available from: http://www.frac.org

[2] Children receiving school breakfast (1999). [illegible]

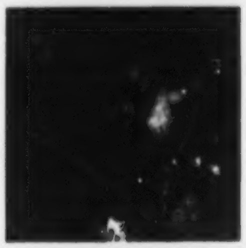
The National School Lunch and School Breakfast Programs provide nutritious meals to children at participating schools. To receive a reduced-price meal, household income must be below 185% of the federal poverty level. For free meals, household income must fall below 130% of poverty. Children in Food Stamp and Medicaid households are automatically eligible for free meals. Participation levels in this program, however, are affected by a variety of factors such as the level of outreach in the school community and the extent to which children are stigmatized as participants. Although not every eligible student participates, the number of children receiving free or reduced-price meals reflects the number of low-income children in a school district.

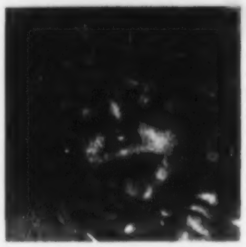
Free and Reduced-Price Breakfasts

Average Number Served Daily



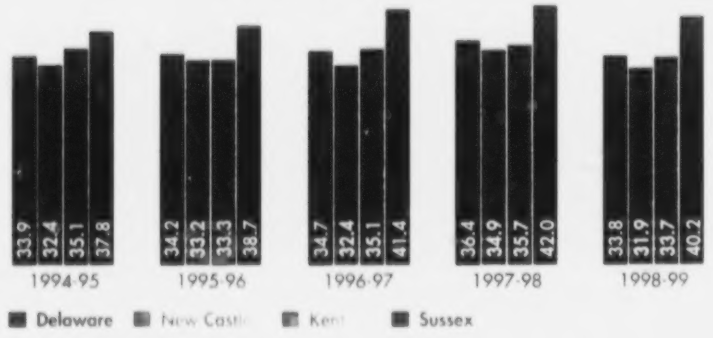
Source: Delaware Department of Education





Free and Reduced-Price Lunches

as a Percentage of Total Enrollment



Source: Delaware Department of Education

High expenses, illness, disability, or unemployment can diminish a family's food supply. The cause is not always poverty. **12**% of the people in the United States do not have access to sufficient food on a regular basis.

Source: Hunger in New York State. Human Ecology Forum. Winter 1999 v27 pg8

For more information see

Children in Poverty	p. K-34
Women and Children Receiving WIC	p. K-44
Tables 52-53	p. K-86-87

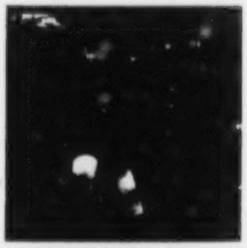
In the FAMILIES COUNT Section:

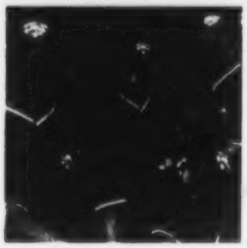
Children in Poverty	p. F-34

Children without Health Insurance

When children do not have health insurance, it poses a problem for their families, their futures, and their community. Sixteen percent, or about 12 million, children have no health insurance in our country. One in four low-income children are uninsured, and they make up two-thirds of the total number of children who are uninsured.[1] It has been found that children are less likely to receive treatment when ill if they do not have access to health insurance, which can lead to more serious conditions, more bills, and more stress for families. Many treatable illnesses could be avoided if insurance was available for all children.[2] Also, uninsured children often don't receive basic preventive health care such as regular check-ups, immunizations and developmental screenings.[3]

The state of Delaware received eight million dollars for CHIP (Children's Health Insurance Program), which provides health insurance for those children living in families with incomes up to 200% of the poverty line. It is a federal-state program that is authorized for ten years to provide assistance for children not eligible for Medicaid, and who do not have health insurance.[4] This program, called Delaware Healthy Children Program, has helped more children have access to the health care that they need.





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[1] Uninsured in America: a chart book. The Kaiser Commission on Medicaid and the Uninsured. Second Edition. May 2000

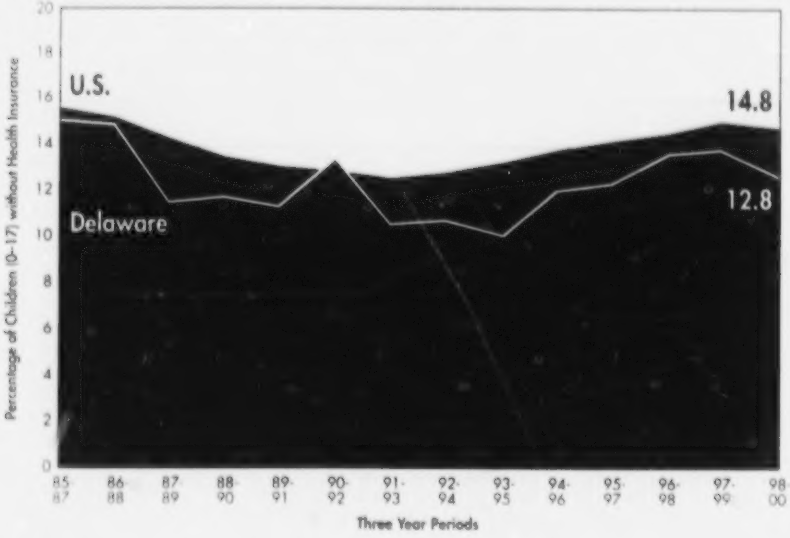
[2] Child health (2000). KIDS COUNT in Colorado

[3] Child health (2000). KIDS COUNT in Colorado

[4] State children's health insurance program (1997). Department of Health & Social Services, Division of Social Services

Children without Health Insurance

Delaware Compared to U.S.



Source: Center for Applied Demography and Survey Research, University of Delaware

Delaware is experiencing a drop in children without health insurance due to the advent of the Delaware Healthy Children Program. In fact, preliminary data from 2000 indicates that the one-year percentage of children without health insurance is now 6.7.

Delaware Healthy Children Program

Applications and Enrollment through October 31, 2000

Applications mailed to families	8,066
Total enrolled ever	**7,455**
Total currently enrolled	3,672

There is a close link between the Delaware Healthy Children Program (DHCP) and Medicaid. Many children transition between these two programs as their family's income fluctuates. Thirty eight percent of disenrollments are due to DHCP children becoming eligible for Medicaid.

Thirty-nine percent of the disenrollments are children who are no longer eligible for DHCP or Medicaid. Reasons include: increases in income, moving out-of-state, or the insured child reaches the age of 19.

Since September 1999, Delaware Health and Social Services (DHSS) has aggressively marketed the program using radio and television spots, billboards, ads on buses, and brochures distributed through schools, Head Start programs, medical providers and pharmacies. The Division of Social Services estimates that approximately 6,480 children were added to the Medicaid roles as a result of its Delaware Healthy Children Program outreach.

That a child's health varies by family income? As family income increases, the percentage of children in very good or excellent health increases. In 1996, about **65**% of children in families **below the poverty** were in very good or excellent health, compared with **84**% of children living **at or above** the poverty line.

The proportion of children covered by **private health insurance** decreased from **74**% in 1987 to **67**% in 1997. During the same period, the proportion of children covered by **public health insurance** grew from **19**% to **23**%.

Help Kids in Your Community Get Good Health Care...

Whether you want to do a little or a lot, the Delaware Healthy Children Program has great ways for you to get involved and see that more children have health insurance.

- If you are interested in enrolling children in the Delaware Healthy Children Program call 1-800-996-9969. Staff at this number can enroll children very quickly.
- Call 1-800-996-9969 to receive outreach materials for distribution in the community. The Delaware Healthy Children Program can also arrange for outreach events and training sessions in community locations.
- Write a letter to the editor.

For more information see

Child Deaths	p. K-24
Children in Poverty	p. K-34
Asthma	p. K-48
Tables 54-55	p. K-87-88
In the FAMILIES COUNT Section:	
Child Immunizations	p. F-17
Child Deaths	p. F-18
Health Care Coverage (Children)	p. F-19
Health Care Coverage (Families)	p. F-41

Asthma

Definition:

Readmissions – Number of asthma inpatient hospital admissions for children 0–17 who had previously been discharged with a diagnosis of asthma in the same year

Discharge Rate – Number of inpatient asthma discharges for children 0-17 per 1,000 children in the same age group

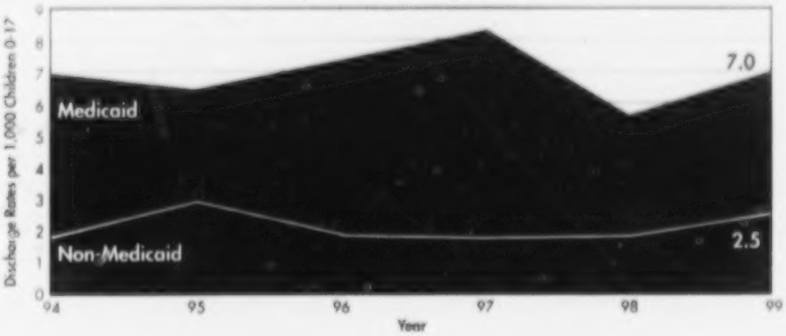
Readmission Rate – Number of inpatient asthma readmissions for children 0-17 per 100 children previously admitted in the same year

Asthma is one of the most common chronic conditions affecting children. Despite major advances in treatment, morbidity and mortality rates in pediatric asthma have risen over the past two decades. These increases have disproportionately affected children living in poverty. Inadequately controlled asthma often has negative effects on the quality of life of children and their families and may result in the failure of children to reach their full potential as adults. School and job attendance, school performance, participation in physical activities, peer group and family relationships, and behavioral and emotional development may all suffer due to this condition. Asthma is also a major contributor to health care costs for children and adults.

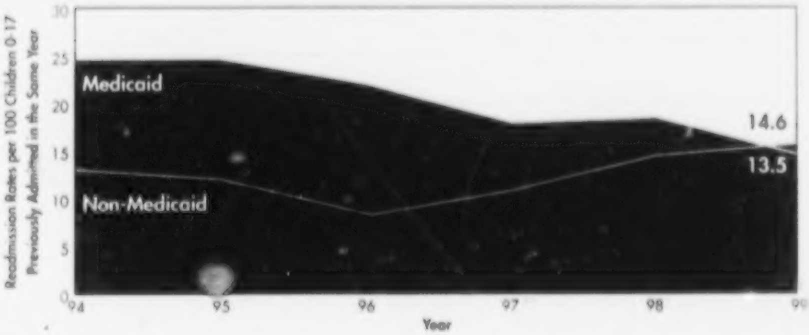
Hospitalizations for Childhood Asthma

Inpatient Asthma Discharges and Readmissions for Children 0–17 Years of Age
by Health Insurance Status, Delaware Hospitals

Hospital Discharge Rates



Hospital Readmission Rates



Source: Delaware Health Statistics Center

Hospitalization rates are one measure of morbidity associated with childhood asthma. Asthma experts believe that the majority of childhood asthma hospitalizations, as well as other morbidities associated with the condition, could be prevented with appropriated management of the disease, including patient/family education, medication and environmental control.

The graphs show the Delaware hospitalization data for childhood asthma from 1994 to 1999. Total asthma hospitalizations and the rate for children have remained fairly stable during this period. However, these data indicate that Delaware Medicaid children continue to suffer excess asthma morbidity as indicated by a rate approximately three times greater than that of non-Medicaid children. Several factors have been implicated in contributing to this problem, including health care access barriers associated with poverty, lack of patient/family knowledge about the condition and its management, and environmental asthma "triggers" such as the recently recognized role of cockroach antigen exposure in creasing the severity of asthma among low-income inner city children.

The data on readmission rates show a more encouraging trend. In the mid-1990s, Delaware Medicaid children were rehospitalized at about twice the rate of non-Medicaid children. While the readmission rate among non-Medicaid children has remained fairly constant, the rate for Medicaid children has dropped by nearly half and is now equal to the rehospitalization rate for non-Medicaid children. Although more detailed analysis of this trend is needed to draw any conclusions from the data, it is of interest that this improvement parallels the timing of the shift that has occurred in the state from traditional Medicaid coverage to enrollment of all Medicaid-eligible children in managed care health plans. It may be that Medicaid children who require hospitalization for asthma are now more likely to receive effective management of their condition after discharge to prevent relapse of their symptoms and rehospitalization. For example, improved access to a "medical home" may have helped close the gap between Medicaid and commercially-insured children with regard to prescriptions and the use of asthma "controller" medications that can prevent asthma symptom flare-ups and attacks in susceptible children.

KIDS COUNT in Delaware will continue to follow this indicator of childhood asthma morbidity, with particular interest in the possible impact of Medicaid managed care, child health insurance coverage expansion programs and other health care reform initiatives in Delaware.

- In California it is thought that secondhand smoke accounts for **3,000 new asthma cases** in children every year.
- Respiratory infections due to secondhand smoke cause **1,100 child deaths** a year.
- **14** children under 18 die every year from asthma caused by secondhand smoke.
- Asthma and ear infections caused by secondhand smoke cost **$4.6 billion** a year to treat.

Source: Tobacco and Children. Youth Media Network. Available from: http://www.ymn.org/newstats/children.shtml

DATA ACTION! Help Asthmatic Kids in Your Community...

Building public awareness and understanding about asthma increase the likelihood that more children will receive the proper care needed. Because many asthmatic children lack the support system necessary to manage their own conditions, it is important that parents, teachers and neighbors understand the challenges these children face such as taking daily medications and reducing exposure to elements that aggravate their conditions. Here's what you can do today to help asthmatic children in your community and prevent more children from developing asthma:

- Support educational programs focused on asthma for health care providers and other community members, child care providers and school nurses.
- Are there asthma education programs in your community? Find out by calling the American Lung Association of Delaware or the duPont Hospital for Children. Even if your knowledge about asthma is limited, call and volunteer.
- Promote public awareness about the symptoms, causes and management of asthma.

For more information see

Child Deaths	p. K-24
Health Problems in Low-income Children	p. K-35
Children without Health Insurance	p. K-44
Tables 54-55	p. K-87-88
Table 70	K-94

In the FAMILIES COUNT Section:

Child Deaths	p. F-18
Health Care Coverage (Children)	p. F-19
Health Care Coverage (Families)	p. F-41

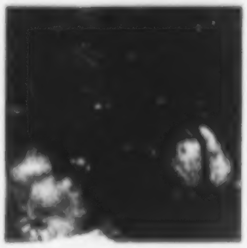
Alcohol, Tobacco, & Other Drugs

Use of alcohol among adolescents is extremely prevalent. It is estimated that 80% of high school students have consumed alcohol in their life, half use it currently, and a quarter report that they drink heavily.1 One of the dangers of adolescents drinking is that they often participate in risk taking behaviors, such as driving or riding with someone who is drunk.

Drug use among teenagers in the United States is also very common. According to one survey more than 4 million students between the ages of 11 and 18 use drugs regularly and one million adolescents use an illegal drug every day.[2]

Abuse of alcohol and drugs is implicated in higher rates of high school dropout, teen pregnancy, high-risk sexual behavior, and criminal activities. Also, these behaviors are associated with encourage unemployment, absenteeism from work, accidents, vandalism, violent crimes, homelessness and poverty.[3]

Smoking among adolescents is also a serious problem because of its many health risks. Lung cancer, emphysema and infections are all common with long term use of tobacco. It is estimated that health care expenditures for health problems related to tobacco use total about $220 million a year. Many adults who currently smoke started when they were under 18, making cigarette smoking an important issue for teenagers.[4] *Today, it is estimated that 3,000 children under 18 start smoking for the first time every day.*[5]



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[1] [illegible]

[2] [illegible]

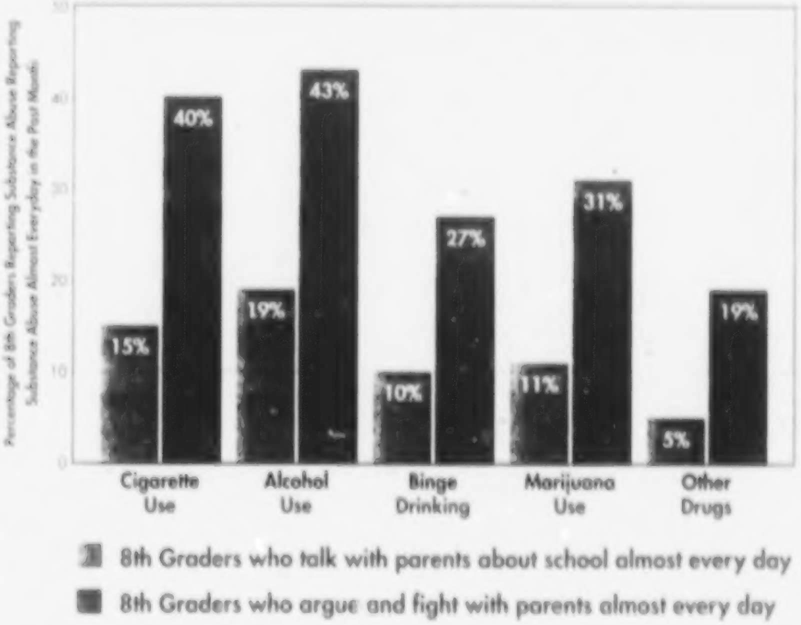
[3] [illegible]

[4] [illegible]

[5] [illegible]

Substance Abuse

8th Graders Who Talk to Parents about School
Compared to 8th Graders Who Argue or Fight with Their Parents
Delaware, 1999



Source: Alcohol, Tobacco and Other Drug Abuse Among Students 1999

- **80%** of current smokers began before their 18th birthday
- **90%** of new cigarette smokers are children and teens.

Source: Brodish, P. (1999). The irreversible health effects of cigarette smoking. The American Council on Health and Science.

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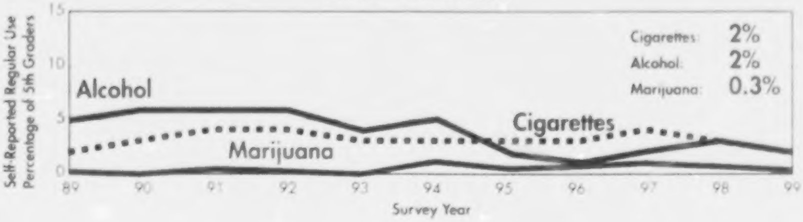
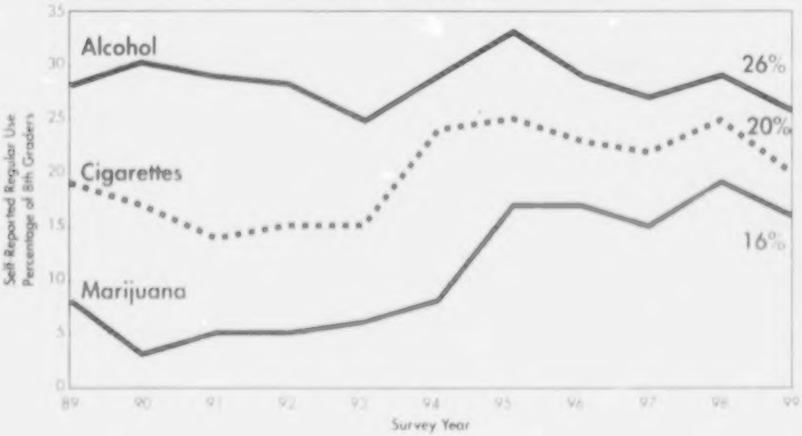
Trends in Cigarette, Alcohol, and Marijuana Use

Delaware 5th Graders



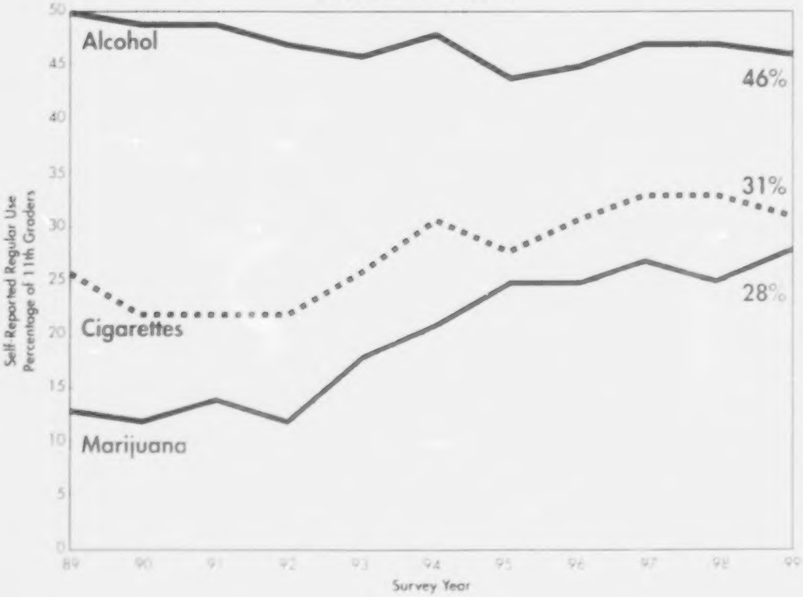
Trends in Cigarette, Alcohol, and Marijuana Use

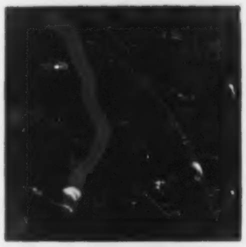
Delaware 8th Graders

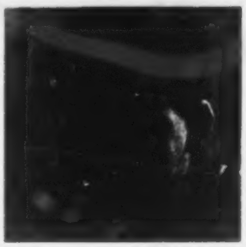


Trends in Cigarette, Alcohol, and Marijuana Use

Delaware 11th Graders







For more information see

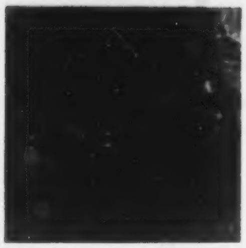
Student Violence and Possession	p. K-28
Healthy Lifestyles	p. K-52
Tables 31-37	p. K-77-80

In the FAMILIES COUNT Section:

Substance Abuse	p. F-20-21

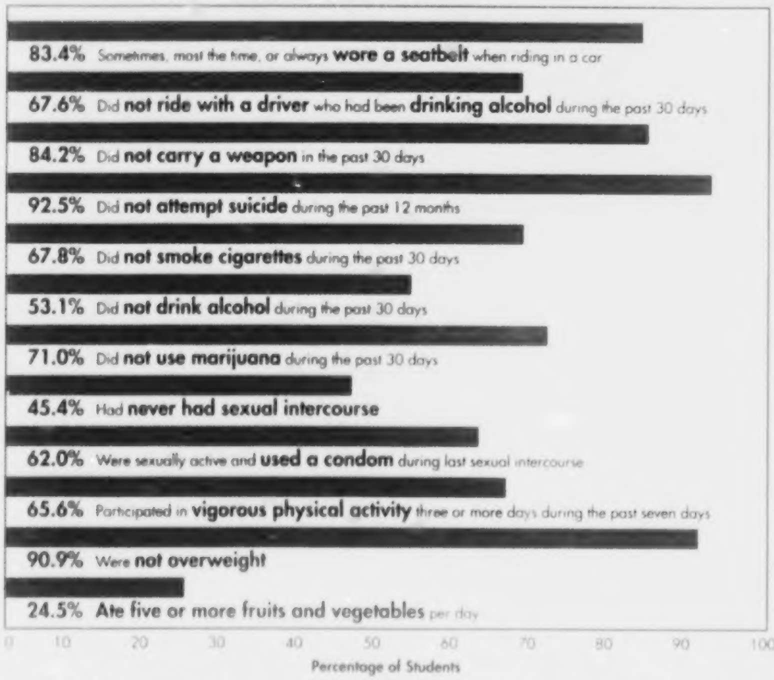
Healthy Lifestyles

Youth today are developing healthier lifestyles. Too often data presented reflect negative aspects of youth behavior, but it is important to consider the more positive attributes of our youth. This helps to identify the areas in which our children are succeeding and provides insight into programs and characteristics that are associated with success.



Lifestyle Choices

Delaware High School Students, 1999

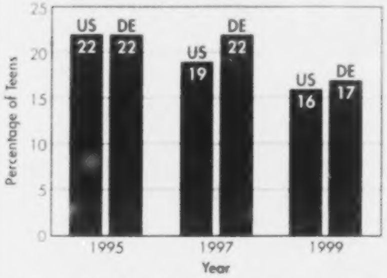


Source: Youth Risk Behavior Surveillance–United States, 1999. CDC Surveillance Summaries. Atlanta, GA: Centers for Disease Control and Prevention, US DHHS.

Note: The Youth Risk Behavior Survey (YRBS) was administered to 2,180 students in 25 public high schools in Delaware during the spring of 1999. The results are representative of all students in grades 9–12. The sample was comprised of the following students: Female: 48.5%, Male: 51.5%, 9th grade: 31.4%, 10th grade: 26.4%, 11th grade: 21.7%, 12th grade: 20.3%, African American: 25.4%, Hispanic/Latino: 5.8%, White: 62.4%, All other races: 4.3%, Multiple races: 2.2%. Students completed a self administered, anonymous questionnaire.

Seatbelt Use Among Teens

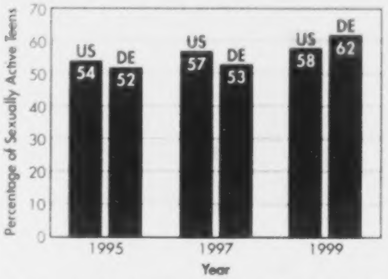
Delaware Compared to U.S.



Source: Youth Risk Behavior Surveillance-United States, 1995, 1997 and 1999. CDC Surveillance Summaries. Atlanta, GA: Centers for Disease Control and Prevention, US DHHS.

Condom Use Among Sexually Active Teens

Delaware Compared to U.S.



Source: Youth Risk Behavior Surveillance-United States, 1995, 1997 and 1999. CDC Surveillance Summaries. Atlanta, GA: Centers for Disease Control and Prevention, US DHHS.

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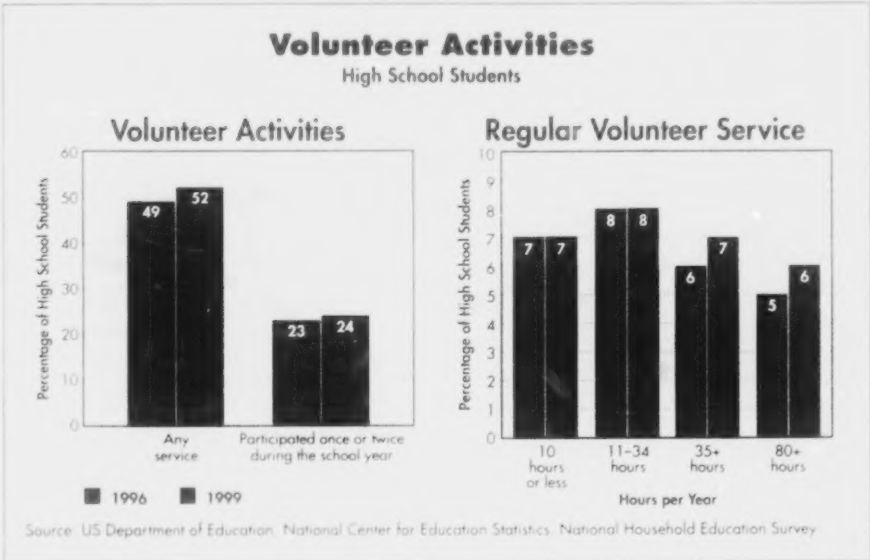
Studies show that regular participation in volunteer activities helps to develop higher levels of civic development and personal efficacy among youth. Youth volunteers tend to have greater self-confidence in their ability to make public statements, have stronger political knowledge and pay more attention to politics. They also learn to respect themselves as well as others, and develop leadership skills and a better understanding of citizenship.[1]

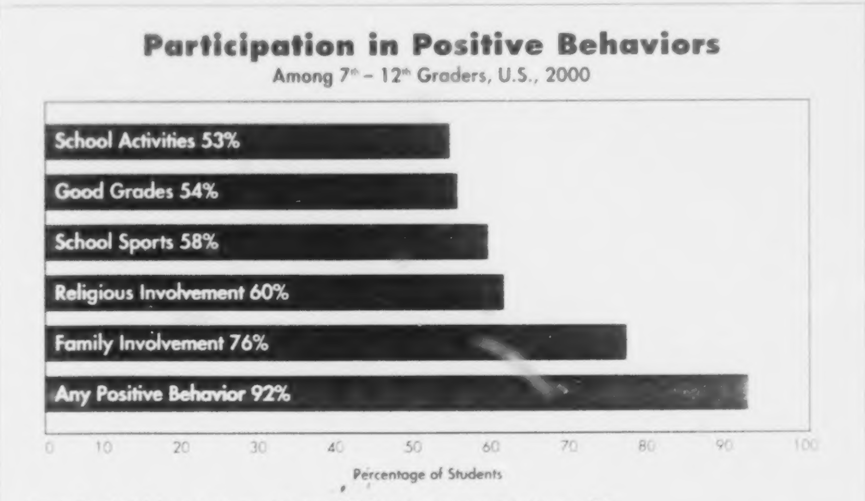


Volunteer Activities

High School Students

Source: US Department of Education, National Center for Education Statistics, National Household Education Survey

Today's teens are actively participating in positive behaviors that may promote their well-being. According to the report *Teen Risk-taking: A Statistical Portrait* by the Urban Institute, while few students engage in all of the positive behaviors examined, 92 percent of students engaged in at least one. Participation in positive behaviors differs by age, grade and race. It declines with grade level and among boys. Hispanic students engaged in fewer positive behaviors than white or black students. These general patterns extend to each type of positive behavior; the only exception is the greater participation in school sports among male than female students.



Participation in Positive Behaviors

Among 7th – 12th Graders, U.S., 2000

Source: Teen Risk Taking: A Statistical Portrait (2000), Urban Institute, Washington, D.C.

For more information see

Teen Deaths	p. K-26
Juvenile Violent Crime Arrests	p. K-28
Alcohol, Tobacco and Other Drugs	p. K-50
Tables 25-37	p. K-75-80
Table 73	p. K-95

In the FAMILIES COUNT Section:

Substance Abuse	p. F-20-21
Sexually Transmitted Diseases	F-22
Student Achievement	F-28

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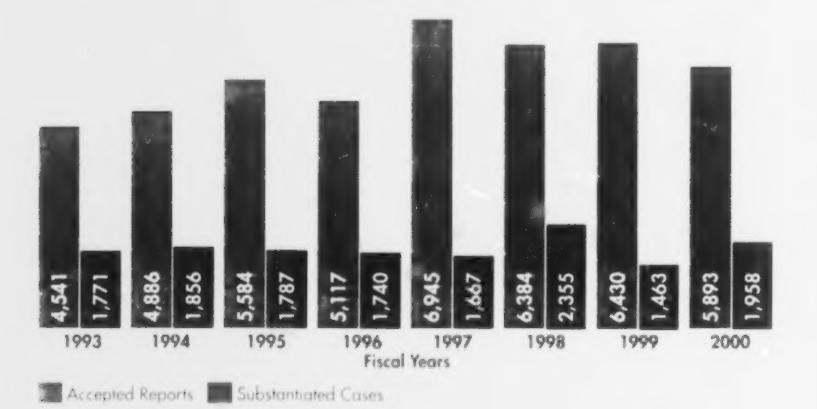
[1] Federal Interagency Forum on Child and Family Statistics. America's Children: Key National Indicators of Well-being 2000. Federal Interagency Forum on Child and Family Statistics. Washington, DC: US Government Printing Office.

Child Abuse and Neglect

Abuse and neglect can have long lasting consequences for children and adolescents. There are several types of abuse including physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect and educational abuse. The number of children abused, neglected, or endangered doubled in the 1986 to 1993 time period.1 There were one million confirmed cases of abuse and neglect in 1997, with three million reports to state agencies in the same year.2 Sexual abuse or assault of adolescents can have devastating effects including poor health status, use of drugs and alcohol, as well as suicide.3 Children whose parents abuse drugs or alcohol are at much greater risk for abuse or neglect. Between 40 and 80 percent of cases brought to child protective services involve parents with substance related problems. Poverty and economic status are also risk factors for abuse or neglect of children. 4

Child Abuse and Neglect

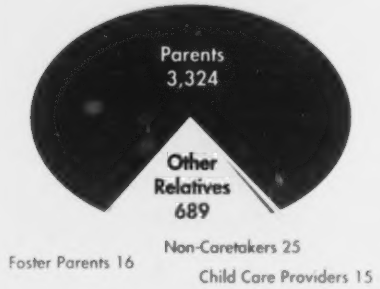
Accepted Reports & Substantiated Cases
Delaware, 1993–1999



Source: Department of Services for Children, Youth and Their Families

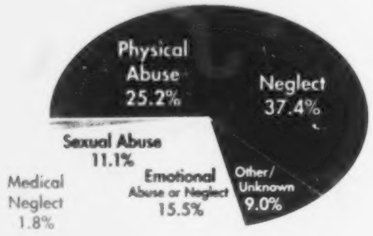
Who Are the Perpetrators

Delaware, 1999



Victims by Maltreatment*

Delaware, 1999



* Accepted reports and substantiated cases

Sources: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, National Center on Child Abuse and Neglect

For more information see

Child Deaths	p. K-24
Table 22	p. K-73
Table 24	p. K-74
Table 74	p. K-96
In the FAMILIES COUNT Section:	
Child Deaths	p. F-18
Child Abuse	p. F-44
Domestic Violence	p. F-47

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1 Juvenile offenders and victims, 1999 national report. Office of Juvenile Justice and Delinquency. Available from http://www.ncjrs.org

2 Key facts about children and families in crisis. Children's Defense Fund. Available from http://www.childrensdefense.org/keyfacts_family_crisis.html

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Foster Care

Foster care provides a placement for a child whose family is found to be unable to provide a safe and nurturing environment. Some of the most common reasons for entering foster care are physical or sexual abuse, neglect or abandonment. Foster care is viewed as a last resort, and every effort is made to ensure that families are kept intact. The more times a child is taken away from the family, the greater impact it has on the child's development and general well-being.[1] *Many children are shuffled around from home to home due to shortages of foster parents, or because they go back and forth between their biological family and temporary care. It is estimated that in 1999 there were 547,000 children in foster care and 117,000 were waiting for permanent adoptive families.*[2]

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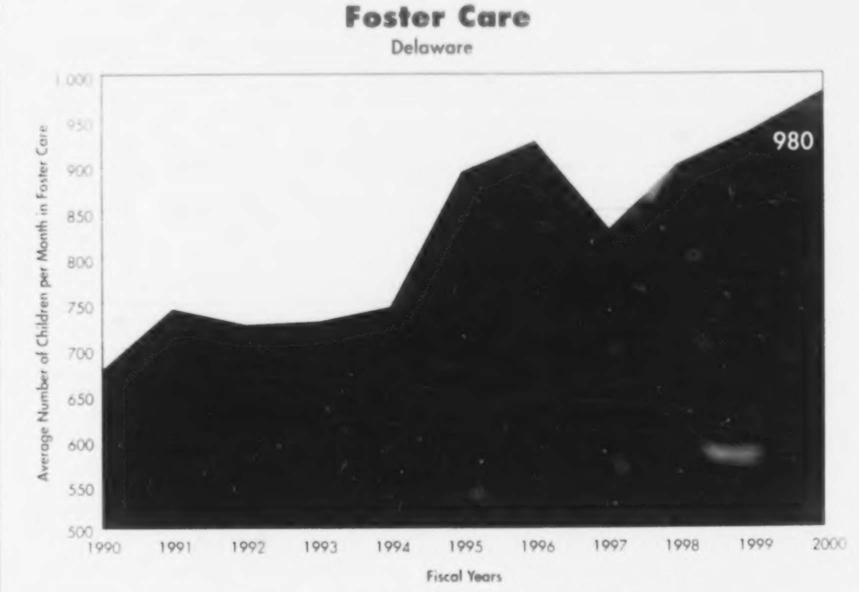
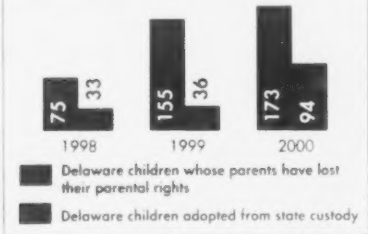
[1] Trends in the well-being of America's children & youth, 1999. U.S. Department of Health and Human Services, Office of Assistant Secretary for Planning and Evaluation.

[2] Key facts about children & families in crisis. Children's Defense Fund. Available from: http://www.childrensdefense.org/[illegible]



Source: Delaware Department of Services for Children, Youth and Their Families, Division of Family Services

The number of Delaware children adopted from state custody has tripled in the past three years, but it is still far below the number of children who need adoptive families.



Source: Delaware Division of Family Services

There are plenty of actions we can take to ensure the safety of children in Delaware:

Be a voice for a child in an abuse or neglect court proceeding by becoming a Court Appointed Special Advocate (CASA). To learn more about becoming a CASA volunteer, call 302-577-2695.

Become a full-time foster parent or adopt a child.

When filling out your Delaware State Income Tax Form, make a donation to the Children's Trust Fund which provides funds for projects that focus on the prevention of child abuse.

12–18 months after leaving the foster care system:

27% of males had been incarcerated

10% of females had been incarcerated

33% were on public assistance

50% were unemployed

37% had not yet finished high school

Source: The facts about foster care (1997). The National Foster Care Awareness Project

For more information see

Child Abuse and Neglect	p. K-54
Table 75	p. K-96

In the FAMILIES COUNT Section:

Out-of-Home Care	p. F-45
Juvenile Delinquents in Out-of-Home Care	p. F-46

Data Tables

Today in the United States

Every minute	a baby is born to a teen mother.
Every 37 minutes	a baby is born to a mother who is not a high school graduate.
Every 2 minutes	a baby is born at a low birth weight.
Every 10 minutes	a baby is born at very low birth weight.
Every 4 minutes	a baby is born to a mother who had late or no prenatal care.
Every 19 minutes	a baby dies.
Every 41 minutes	a child or youth under 20 dies from an accident.
Every 2 hours	a child or youth under 20 is killed by a firearm.
Every 2 hours	a child or youth is a homicide victim.
Every 4 hours	a child or youth under 20 commits suicide.
Every 19 hours	a young person under 25 dies from HIV infection.
Every hour	an adolescent 10–19 years old dies from an injury.
Every 17 seconds	a child is arrested.
Every 7 minutes	a child is arrested for a violent crime.
Every second	a public high school student is suspended.
Every 9 seconds	a high school student drops out.
Every 56 seconds	a baby is born into poverty.

Source: Moments in America for Children. Children's Defense Fund. Available from: http:// www.childrensdefensefund.org/moments.html

Table 1:

Population Estimates

Population Estimates for Delaware, Counties, Wilmington, Newark, and Dover, 1999

	0-4	5-9	10-14	15-19	20-64	65+	Total	% 0-19	% 20-64	% 65+	% Total
Delaware	50,194	50,995	49,739	50,419	454,450	96,361	752,158	26.8	60.4	12.8	100.0
Male	25,791	26,259	25,451	25,377	224,045	40,781	367,704	13.7	29.8	5.4	48.9
White	19,525	20,415	19,836	19,156	183,264	36,522	298,718	10.5	24.4	4.9	39.7
Black	5,604	5,142	5,155	5,888	36,473	3,946	62,208	2.9	4.8	0.5	8.3
Female	24,403	24,736	24,288	25,042	230,405	55,580	384,454	13.1	30.6	7.4	51.1
White	18,289	18,857	18,705	18,740	184,688	49,116	308,395	9.9	24.6	6.5	41.0
Black	5,462	5,162	5,066	5,889	40,992	6,036	68,607	2.9	5.4	0.8	9.1
New Castle	32,163	32,559	31,716	32,633	302,049	55,783	486,903	17.2	40.2	7.4	64.7
Male	16,600	16,856	16,268	16,382	148,903	22,969	237,978	8.8	19.8	3.1	31.6
White	12,622	13,017	12,672	12,322	120,988	20,460	192,081	6.7	16.1	2.7	25.5
Black	3,456	3,230	3,227	3,820	24,640	2,334	40,707	1.8	3.3	0.3	5.4
Female	15,563	15,703	15,448	16,251	153,146	32,814	248,925	8.4	20.4	4.4	33.1
White	11,786	12,010	11,926	12,064	122,447	28,860	199,093	6.4	16.3	3.8	26.5
Black	3,265	3,069	3,112	3,921	27,432	3,742	44,541	1.8	3.6	0.5	5.9
Newark**	1,023	1,064	1,179	5,657	17,330	2,478	28,731	1.2	2.3	0.3	3.8
Male	530	545	601	2,461	8,562	960	13,659	0.6	1.1	0.1	1.8
Female	493	519	578	3,196	8,768	1,518	15,072	0.6	1.2	0.2	2.0
Wilmington*	4,748	5,119	5,073	4,379	42,331	11,046	72,696	2.6	5.6	1.5	9.7
Male	2,397	2,671	2,609	2,291	20,166	3,918	34,052	1.3	2.7	0.5	4.5
White	643	671	611	565	9,479	2,493	14,462	0.3	1.3	0.3	1.9
Black	1,564	1,757	1,755	1,522	9,556	1,359	17,513	0.9	1.3	0.2	2.3
Female	2,351	2,448	2,464	2,088	22,165	7,128	38,644	1.2	2.9	0.9	5.1
White	678	624	547	496	9,237	4,888	16,470	0.3	1.2	0.6	2.2
Black	1,478	1,598	1,718	1,419	11,944	2,168	20,325	0.8	1.6	0.3	2.7
Kent	9,250	9,503	9,059	8,902	74,525	14,216	125,455	4.9	9.9	1.9	16.7
Male	4,719	4,856	4,617	4,456	36,624	6,091	61,363	2.5	4.9	0.8	8.2
White	3,494	3,748	3,527	3,346	29,704	5,273	49,092	1.9	3.9	0.7	6.5
Black	1,143	1,065	1,044	1,052	6,367	734	11,405	0.6	0.8	0.1	1.5
Female	4,531	4,647	4,442	4,446	37,901	8,125	64,092	2.4	5.0	1.1	8.5
White	3,299	3,480	3,346	3,375	29,450	6,993	49,943	1.8	3.9	0.9	6.6
Black	1,145	1,119	1,042	998	7,451	1,001	12,756	0.6	1.0	0.1	1.7
Dover**	1,885	1,986	1,930	2,758	18,360	3,511	30,430	1.1	2.4	0.5	4.0
Male	963	1,002	991	1,363	9,012	1,329	14,660	0.6	1.2	0.2	1.9
Female	922	984	939	1,395	9,348	2,182	15,770	0.6	1.2	0.3	2.1
Sussex	8,781	8,933	8,964	8,884	77,876	26,362	139,800	4.7	10.4	3.5	18.6
Male	4,472	4,547	4,566	4,539	38,518	11,721	68,363	2.4	5.1	1.6	9.1
White	3,406	3,654	3,638	3,483	32,610	10,791	57,582	1.9	4.3	1.4	7.7
Black	1,008	846	883	1,019	5,440	875	10,071	0.5	0.7	0.1	1.3
Female	4,309	4,386	4,398	4,345	39,358	14,641	71,437	2.3	5.2	1.9	9.5
White	3,201	3,368	3,436	3,296	32,794	13,260	59,355	1.8	4.4	1.8	7.9
Black	1,053	974	909	975	6,111	1,299	11,321	0.5	0.8	0.2	1.5

Racial breakdown may not total gender breakdown due to omission of "Other" race.

* Race estimates for the city of Wilmington are illustrative and should be interpreted with care.

** Race estimates not available for the cities of Newark and Dover.

Source: Delaware Population Consortium

Table 2:

Hispanic Population Estimates

Hispanic Population Estimates for Delaware and Counties, 1990–1998

	1990	1991	1992	1993	1994	1995	1996	1997	1998
Delaware	15,530	15,348	18,418	20,692	24,234	25,609	26,972	28,332	31,158
New Castle	10,830	10,261	11,737	12,589	14,158	14,949	15,842	17,299	18,896
Kent	2,382	2,419	2,964	2,924	3,037	2,852	3,165	2,660	2,590
Sussex	2,318	2,668	3,717	5,179	7,039	7,808	7,965	8,373	9,672

Source: Delaware Population Consortium

Table 3:

Hispanic Population by Age

Hispanic* Population Estimates by Age, Delaware, 1998

	Under 5 years	5 to 9	10 to 14	15 to 19	Total Children 0 to 19	Adults 20-64	Adults 64+	Total
Delaware	3,650	3,217	2,677	2,786	12,330	17,363	1,465	31,158

Source: Delaware Health Statistics Center

* The estimates of the Hispanic population by the age in this report were produced by the Delaware Health Statistics Center (DHSC). Although the Delaware Population Consortium (DPC) produces the official population estimates and projections for the State of Delaware, they currently do not produce estimates of the Hispanic population by age. However, they do produce estimates of the total Hispanic population for the state and counties. In addition, the US Bureau of the Census (USBC) produces estimates of the total Hispanic population of Delaware by age. However, the DPC estimates are consistently higher than the estimates by USBC. Both the DPC and the DHSC feel that the USBC estimates are too low.

In order to present estimates of Delaware's Hispanic population by age, the DHSC proportionally applied the age distribution from the USBC estimates to the total estimates from the DPC. It was decided that this was a reasonable approach after examining the shape of the USBC age distribution. It is important to note that although a combination of DPC and USBC numbers were used to produce the estimates by age, these estimates were produced solely by the DHSC and have not been officially endorsed by the DPC or the USBC.

The DPC believes that their official estimates of the total Hispanic population have a margin of error as high as 10%. This means that the estimates of age groups within that population shown in the table above would be expected to have an even higher margin of error (perhaps 20% to 30%). As such, the DHSC recommends that they be interpreted with caution and does not recommend that they be used for calculation of population-based rates.

Table 4:

Delaware Children and Their Families

Number and Percent of Children in Families, Delaware and Counties, 1990 Census

	Delaware		New Castle		Kent		Sussex	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total children under 18	**146,816**	**100.0**	**95,532**	**65.1**	**27,268**	**18.6**	**24,016**	**16.3**
In married-couple family:								
Under 3 years	21,188	14.4	14,099	14.8	3,929	14.4	3,160	13.2
3 and 4 years	13,924	9.5	9,081	9.5	2,717	10.0	2,126	8.9
5 years	6,931	4.7	4,388	4.6	1,275	4.7	1,268	5.3
6 to 11 years	39,580	27.0	25,831	27.0	7,117	26.1	6,632	27.6
12 and 13 years	11,944	8.1	7,713	8.1	2,307	8.5	1,924	8.0
14 years	5,764	3.9	3,645	3.8	1,136	4.2	983	4.1
15 to 17 years	16,687	11.4	10,826	11.3	3,165	11.6	2,696	11.2
Total	**116,018**	**79.0**	**75,583**	**79.1**	**21,646**	**79.4**	**18,789**	**78.2**
In other family:								
Male head of household, no spouse: (18.1% of children in single-parent families)								
Under 3 years	931	0.6	621	0.7	134	0.5	176	0.7
3 and 4	632	0.4	418	0.4	106	0.4	108	0.4
5 years	307	0.2	151	0.2	71	0.3	85	0.4
6 to 11 years	1,978	1.3	1,304	1.4	226	0.8	448	1.9
12 and 13 years	507	0.3	349	0.4	59	0.2	99	0.4
14 years	276	0.2	137	0.1	31	0.1	108	0.4
15 to 17 years	937	0.6	612	0.6	116	0.4	209	0.9
Total	**5,568**	**3.8**	**3,592**	**3.8**	**743**	**2.7**	**1,233**	**5.1**
Female head of household, no spouse: (81.9% of children in single-parent families)								
Under 3 years	3,052	2.1	1,893	2.0	652	2.4	507	2.1
3 and 4 years	2,744	1.9	1,612	1.7	625	2.3	507	2.1
5 years	1,444	1.0	899	0.9	320	1.2	225	0.9
6 to 11 years	9,266	6.3	6,025	6.3	1,879	6.9	1,362	5.7
12 and 13 years	3,004	2.0	2,066	2.2	456	1.7	482	2.0
14 years	1,486	1.0	932	1.0	256	0.9	298	1.2
15 to 17 years	4,234	2.9	2,930	3.1	691	2.5	613	2.6
Total	**25,230**	**17.2**	**16,357**	**17.1**	**4,879**	**17.9**	**3,994**	**16.6**

Source: Delaware Economic Development Office; U.S. Bureau of the Census

Table 5:

Number and Percent of Families with Children

Number and Percent of Families With Related Children Under 18 Years of Age
Delaware and Counties, 1990 Census

Type of Family	Delaware Number	Delaware Percent	New Castle Number	New Castle Percent	Kent Number	Kent Percent	Sussex Number	Sussex Percent
One-Parent	21,708	24.3	14,252	24.3	3,807	23.6	3,649	25.0
Male Head of Household	4,083	4.6	2,627	4.5	614	3.8	842	5.8
Female Head of Household	17,625	19.7	11,625	19.8	3,193	19.8	2,807	19.2
Married Couple	67,642	75.7	44,375	75.7	12,317	76.4	10,950	75.0
Total	89,350	100.0	58,627	100.0	16,124	100.0	14,599	100.0

Source: Delaware Health Statistics Center; U.S. Bureau of the Census

Table 6:

Teen Birth Rates

Five-Year Average Live Birth Rates (births per 1,000) for Females Ages 15–19 by Race
U.S., Delaware, and Counties, 1984–1994

Area/Race	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999
U.S.	51.0	52.4	54.2	56.5	58.5	59.8	60.1	59.3	57.7	56.0	54.4	52.6
White	42.2	43.3	45.0	47.2	49.2	50.8	51.4	51.2	50.2	49.0	47.9	46.7
Black	100.2	103.2	106.2	109.5	111.7	112.0	110.5	106.9	101.6	96.8	92.2	87.7
Delaware	48.7	50.7	52.1	54.3	55.8	57.0	57.7	58.3	57.9	57.6	57.1	56.3
White	33.8	34.9	35.7	36.9	37.9	39.0	39.8	40.8	40.8	41.0	40.4	39.9
Black	109.0	114.3	116.9	121.8	123.3	122.6	120.7	117.2	113.7	111.6	110.6	108.1
New Castle	41.5	43.1	44.6	46.4	48.1	48.9	49.6	50.4	51.0	50.2	50.5	49.9
White	27.6	28.0	28.6	29.4	30.4	31.4	32.5	34.0	34.9	34.0	33.8	33.4
Black	105.9	112.3	116.6	121.1	123.0	120.2	115.2	109.6	106.1	103.7	104.1	102.2
Wilmington	N/A	N/A	N/A	138.2	144.9	150.1	150.9	152.2	152.6	152.3	147.6	142.9
White	N/A	N/A	N/A	124.1	126.2	135.7	137.1	137.4	144.3	139.1	122.6	113.8
Black	N/A	N/A	N/A	158.9	168.3	172.7	173.2	174.7	172.8	174.7	173.3	169.4
Kent	58.1	61.3	62.3	64.2	64.3	65.9	66.1	65.5	64.2	63.1	61.1	61.3
White	50.9	52.6	52.3	52.9	53.1	53.9	53.1	51.3	49.9	48.6	46.9	46.9
Black	81.5	88.6	92.4	97.2	95.3	99.6	102.5	105.7	105.4	107.8	105.4	107.3
Sussex	71.4	73.9	74.7	79.2	81.2	82.7	83.6	83.2	79.4	81.5	78.6	75.5
White	45.5	49.1	51.7	55.5	56.5	58.0	58.0	58.6	55.6	60.8	58.8	57.2
Black	155.0	155.8	151.6	158.2	162.2	162.2	165.0	159.5	152.3	146.6	141.3	131.9

Sources: Delaware Health Statistics Center; National Center for Health Statistics

Table 7:

Teen Birth Rates (15–17 year olds)

Five-Year Average Live Birth Rates (births per 1,000) for Females Ages 15–17
U.S., Delaware, and Counties, 1984–1999

Area	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999
U.S.	31.6	32.6	33.8	35.5	36.7	37.6	37.8	37.5	36.5	35.3	33.8	32.1
Delaware	33.5	35.8	37.1	37.9	39.2	39.3	40.3	40.6	41.0	40.0	39.2	37.3
New Castle	31.0	33.1	34.3	35.4	36.7	36.8	37.6	38.5	39.3	37.9	37.3	35.6
Kent	35.7	39.8	40.9	40.3	39.6	40.6	40.8	40.2	41.4	39.9	38.5	37.3
Sussex	40.7	42.1	43.7	44.9	48.1	47.4	49.6	48.3	46.4	46.8	46.2	42.9

Sources: Delaware Health Statistics Center; National Center for Health Statistics; Center for Applied Demography and Survey Research, University of Delaware

Table 8:

Pre- and Young Teen Birth Rates (10–14 year olds)

Five-Year Average Live Birth Rates (births per 1,000) for Females Ages 10–14 by Race
U.S., Delaware, and Counties, 1984–1999

Area/Race	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999
U.S.	1.3	1.3	1.3	1.4	1.4	1.4	1.4	1.4	1.3	1.3	1.2	1.1
White	0.6	0.6	0.7	0.7	0.7	0.8	0.8	0.8	0.8	0.8	0.7	0.7
Black	4.7	4.8	4.9	4.9	4.9	4.8	4.7	4.6	4.3	4.0	3.7	3.3
Delaware	1.8	1.8	1.9	2.0	2.1	2.1	2.2	2.2	2.2	2.0	2.0	1.8
White	0.6	0.7	0.7	0.8	0.8	0.8	0.7	0.8	0.8	0.8	0.7	0.8
Black	5.8	5.6	5.9	6.2	6.6	6.5	7.2	7.2	7.0	6.4	6.5	5.5
New Castle	1.7	1.6	1.7	1.9	2.1	2.0	2.1	2.1	2.1	1.9	1.9	1.6
White	0.6	0.6	0.6	0.7	0.7	0.7	0.7	0.7	0.7	0.6	0.6	0.6
Black	5.7	5.2	5.6	6.0	6.6	6.4	7.0	7.1	7.1	6.4	6.5	5.5
Wilmington	N/A	N/A	N/A	6.0	6.6	6.7	7.4	7.6	7.6	6.9	7.0	6.1
White	N/A	N/A	N/A	5.1	4.5	4.9	3.7	2.6	1.5	1.5	1.5	1.8
Black	N/A	N/A	N/A	7.0	7.9	8.0	9.2	9.9	10.1	9.2	9.4	7.9
Kent	1.4	1.4	1.7	1.9	1.8	1.9	1.9	1.8	1.8	1.7	1.7	1.8
White	0.4	0.5	0.8	0.8	0.8	0.9	0.9	0.8	1.1	1.0	0.9	1.0
Black	5.1	4.7	4.9	5.9	5.3	5.3	5.6	5.0	4.3	3.8	4.1	4.2
Sussex	2.3	2.7	2.7	2.6	2.6	2.6	2.7	3.0	3.0	3.0	2.9	2.5
White	0.8	1.0	1.0	1.0	0.9	0.8	0.8	1.0	1.1	1.1	1.2	1.3
Black	6.5	7.7	7.9	7.4	8.1	8.4	9.3	10.0	9.6	9.6	9.1	6.7

Sources: Delaware Health Statistics Center; National Center for Health Statistics

Table 9:

Teen Mothers Who Are Single

Five Year Average Percentage of Births to Mothers Under 20 Years of Age Who Are Single
By Race and Hispanic Origin* of Mother
U.S., Delaware, Counties, 1984–1999

Area/Race-Hisp. Origin*	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999
U.S.	61.3	63.5	65.3	66.9	68.1	69.3	71.0	72.6	74.0	75.6	77.0	N/A
White	48.2	51.0	53.4	55.5	57.3	59.0	61.4	63.7	65.7	67.8	69.7	N/A
Black	90.5	91.1	91.5	91.9	92.3	92.6	93.2	93.8	94.8	95.5	96.0	N/A
Hispanic*	N/A	N/A	N/A	N/A	N/A	61.6	63.6	65.2	66.5	68.3	70.3	N/A
Delaware	70.5	73.1	76.2	78.2	80.8	83.3	86.1	86.7	88.3	89.1	89.3	89.3
White	53.0	56.2	58.6	61.2	65.2	69.3	73.8	77.3	80.2	81.5	81.7	81.9
Black	90.9	92.3	92.9	94.0	94.9	95.7	96.7	97.4	97.7	97.9	97.9	97.9
Hispanic*	N/A	N/A	N/A	N/A	N/A	70.9	73.0	75.9	76.9	79.6	81.0	80.9
New Castle	74.9	77.8	79.4	81.4	84.1	86.4	88.8	90.6	91.6	92.5	92.6	92.5
White	59.1	62.6	65.3	68.2	72.3	76.5	80.6	83.4	85.2	86.5	86.6	86.6
Black	92.6	93.9	94.1	94.8	95.7	96.4	97.2	98.0	98.4	98.6	98.6	98.5
Hispanic*	N/A	N/A	N/A	N/A	N/A	73.0	75.5	78.3	79.1	81.3	81.3	80.5
Wilmington	N/A	N/A	N/A	91.4	92.9	93.6	95.3	96.2	96.7	96.9	97.1	96.8
White	N/A	N/A	N/A	75.0	78.2	80.9	85.8	87.3	87.4	88.5	88.8	87.1
Black	N/A	N/A	N/A	98.3	98.5	98.5	98.7	98.8	100.0	100.0	100.0	100.0
Hispanic*	N/A	N/A	N/A	N/A	N/A	77.7	81.5	83.4	84.0	85.0	86.0	84.6
Kent	59.7	62.3	65.3	67.7	71.0	75.1	78.1	80.1	81.7	82.1	81.1	81.6
White	44.1	46.4	49.2	50.9	56.1	61.6	66.3	68.4	71.9	72.3	71.0	71.4
Black	86.6	88.1	90.4	92.6	94.0	95.7	96.8	97.7	97.1	96.9	95.9	96.0
Hispanic*	N/A	N/A	N/A	N/A	N/A	80.0	75.4	76.2	77.1	78.1	76.5	79.1
Sussex	69.0	71.1	70.9	72.8	74.5	76.0	79.6	82.6	85.5	86.7	87.8	87.9
White	46.0	50.3	51.2	54.5	56.7	59.3	64.5	70.5	75.4	78.4	80.0	80.7
Black	89.4	90.8	91.3	92.6	93.1	93.7	95.1	95.6	96.1	96.8	97.5	97.6
Hispanic*	N/A	N/A	N/A	N/A	N/A	50.9	59.2	65.2	68.5	74.6	82.5	83.1

* Persons of Hispanic origin may be of any race

Sources: Delaware Health Statistics Center; National Center for Health Statistics

Table 10:

Births by Race, Hispanic Origin, and Age of Mother

Number and Percent of Live Births by Race, Hispanic Origin, and Age of Mother
Delaware, Counties and City of Wilmington, 1999

Area/Race-Hispanic Origin*	Total Births to All Ages	Births to Teen Mothers 19 years old and under		Births to Teen Mothers Less than 15 years old		Births to Teen Mothers 15-17 years old		Births to Teen Mothers 18-19 years old	
	Total Number	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Delaware	10,666	1,415	13.3	33	0.3	496	4.7	886	8.3
White	7,595	750	9.9	15	0.2	243	3.2	492	6.5
Black	2,664	630	23.6	17	0.6	242	9.1	371	13.9
Other	407	35	8.6	1	0.2	11	2.7	23	5.7
Hispanic*	858	143	16.7	6	0.7	48	5.6	89	10.4
New Castle	6,917	808	11.7	16	0.2	302	4.4	490	7.1
White	4,884	406	8.3	6	0.1	147	3.0	253	5.2
Black	1,758	391	22.2	10	0.6	152	8.6	229	13.0
Other	275	11	4.0	0	0.0	3	1.1	8	2.9
Hispanic*	545	96	17.6	5	0.9	35	6.4	56	10.3
Wilmington	1,228	276	22.5	9	0.7	107	8.7	160	13.0
White	419	47	11.2	1	0.2	22	5.3	24	5.7
Black	791	226	28.6	8	1.0	84	10.6	134	16.9
Other	18	3	16.7	0	0.0	1	5.6	2	11.1
Hispanic*	177	33	18.6	1	0.6	15	8.5	17	9.6
Balance of NC County	5,689	532	9.4	7	0.1	195	3.4	330	5.8
White	4,465	359	8.0	5	0.1	125	2.8	229	5.1
Black	967	165	17.1	2	0.2	68	7.0	95	9.8
Other	257	8	3.1	0	0.0	2	0.8	6	2.3
Hispanic*	368	63	17.1	4	1.1	20	5.4	39	10.6
Kent	1,922	296	15.4	9	0.5	96	5.0	191	9.9
White	1,388	174	12.5	3	0.2	50	3.6	121	8.7
Black	489	116	23.7	5	1.0	44	9.0	67	13.7
Other	45	6	13.3	1	2.2	2	4.4	3	6.7
Hispanic*	83	17	20.5	1	1.2	5	6.0	11	13.3
Sussex	1,827	311	17.0	8	0.4	98	5.4	205	11.2
White	1,323	170	12.8	6	0.5	46	3.5	118	8.9
Black	417	123	29.5	2	0.5	46	11.0	75	18.0
Other	87	18	20.7	0	0.0	6	6.9	12	13.8
Hispanic*	230	30	13.0	0	0.0	8	3.5	22	9.6

* Persons of Hispanic origin may be of any race. See information about Hispanic data on page 58.

1 Percentages may not add to 100% due to rounding.

2 Percentages are calculated based upon the total number of births in each race group for all ages.

3 Percentages for the race group "Other" may be misleading due to the small number of births in this category.

Source: Delaware Health Statistics Center

Table 11:

Percentage of Low Birth Weight Births

Five-Year Average Percentage of All Births that Are Low Birth Weight Births
U.S. and Delaware, 1984–1999

Area	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999
U.S.	6.8	6.9	6.9	7.0	7.0	7.1	7.1	7.2	7.2	7.3	7.4	7.5
Delaware	7.3	7.3	7.5	7.5	7.7	7.8	7.8	7.8	8.0	8.2	8.3	8.5
New Castle	7.3	7.4	7.5	7.6	7.8	8.0	8.0	8.2	8.3	8.5	8.6	8.8
Wilmington	N/A	N/A	N/A	12.1	12.2	12.4	12.5	12.2	12.1	12.2	12.3	12.6
Kent	7.0	7.1	7.1	7.1	7.3	7.2	7.0	7.3	7.2	7.5	7.6	8.1
Sussex	7.3	7.2	7.1	7.2	7.1	7.2	7.1	7.2	7.7	8.0	8.0	8.0

Sources: Delaware Health Statistics Center; National Center for Health Statistics

Table 12:

Percentage of Very Low Birth Weight Births

Five-Year Average Percentage of All Births that Are Very Low Birth Weight Births
U.S. and Delaware, 1984–1999

	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989–1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999
U.S.	1.2	1.2	1.2	1.3	1.3	1.3	1.3	1.3	1.3	1.4	1.4	1.4
Delaware	1.6	1.6	1.6	1.7	1.7	1.7	1.6	1.6	1.6	1.7	1.7	1.8
New Castle	1.5	1.6	1.7	1.7	1.7	1.8	1.7	1.7	1.7	1.8	1.8	1.9
Wilmington	N/A	N/A	N/A	3.2	3.1	3.1	2.9	2.8	2.9	2.8	2.8	2.9
Kent	1.5	1.5	1.4	1.6	1.6	1.4	1.4	1.5	1.5	1.6	1.7	1.8
Sussex	1.7	1.5	1.4	1.5	1.5	1.3	1.2	1.4	1.4	1.5	1.6	1.6

Note: Very Low Birth Weight (<1500 grams) is a subdivision of Low Birth Weight (<2500 grams)
Sources: Delaware Health Statistics Center; National Center for Health Statistics

Table 13:

Low Birth Weight Births by Age, Race and Hispanic Origin of Mother

Five-Year Average Percentage of Low Birth Weight Births by Age, Race and Hispanic Origin of Mother U.S., Delaware and Counties, 1992–1999

	1992–1996				1993–1997				1994–1998				1995–1999			
Area/Age	All	White	Black	Hisp.*	All	White	Black	Hisp.*	All	White	Black	Hisp.*	All	White	Black	Hisp.*
U.S.	7.2	6.1	13.2	6.2	7.3	6.2	13.1	6.3	7.4	6.3	13.1	6.3	7.5	6.4	13.1	6.4
Less than 20	9.4	7.8	13.3	7.6	9.4	7.9	13.3	7.7	9.5	8.0	13.3	7.7	N/A	N/A	N/A	N/A
20-24	7.3	6.0	12.0	5.8	7.3	6.2	12.0	5.8	7.4	6.2	12.0	5.9	N/A	N/A	N/A	N/A
25-29	6.4	5.4	12.8	5.5	6.5	5.5	12.6	5.5	6.5	5.6	12.4	5.5	N/A	N/A	N/A	N/A
30+	7.2	6.1	15.1	6.6	7.3	6.3	15.0	6.7	7.4	6.4	14.9	6.8	N/A	N/A	N/A	N/A
Delaware	8.0	6.3	13.3	7.0	8.2	6.5	13.5	7.2	8.3	6.6	13.6	7.4	8.5	6.8	14.0	7.4
Less than 20	10.7	8.1	13.7	8.0	10.6	7.9	13.7	8.3	10.6	8.0	13.6	9.2	10.9	8.1	14.1	9.4
20-24	8.3	6.0	13.1	5.7	8.5	6.3	13.0	6.0	8.6	6.4	13.3	5.6	9.0	6.6	13.8	6.0
25-29	7.0	5.8	12.0	7.5	7.2	5.9	13.1	8.1	7.3	5.9	13.2	8.0	7.5	6.0	14.1	7.5
30+	7.6	6.5	14.8	7.7	7.9	6.8	14.5	7.1	8.0	6.9	14.5	8.2	8.2	7.0	14.4	8.2
New Castle	8.3	6.4	14.3	8.0	8.5	6.6	14.3	8.6	8.6	6.7	14.1	8.8	8.8	6.9	14.5	8.6
Less than 20	11.4	8.8	14.1	9.5	11.2	8.4	13.9	9.9	11.2	8.6	13.7	10.5	11.4	8.3	14.3	10.0
20-24	9.2	6.4	14.3	6.5	9.4	6.8	14.1	7.4	9.6	6.8	14.4	7.4	10.0	7.1	14.7	7.2
25-29	7.1	5.6	13.1	8.6	7.4	5.7	14.3	9.8	7.5	5.8	13.9	9.3	7.7	6.0	14.3	8.7
30+	7.7	6.5	15.7	8.0	8.0	6.8	15.2	7.5	8.1	7.0	14.5	8.6	8.3	7.2	14.7	9.3
Wilmington	12.1	6.5	15.3	8.7	12.2	6.7	15.3	8.1	12.3	7.8	14.9	9.4	12.6	7.9	15.2	9.7
Less than 20	13.3	10.0	14.9	11.2	13.2	9.1	15.2	10.5	13.5	10.2	17.3	11.4	14.3	11.2	19.1	11.3
20-24	12.1	5.4	14.5	7.3	12.6	6.7	14.7	7.0	12.7	7.8	14.5	7.5	13.5	8.3	15.4	7.6
25-29	11.1	6.0	15.1	9.4	11.7	6.0	16.0	8.6	12.2	7.0	15.9	9.3	12.2	7.3	15.9	9.7
30+	11.8	6.1	18.2	5.5	11.1	6.3	16.8	5.2	11.0	7.4	15.0	9.9	10.5	7.1	13.2	11.5
Kent	7.2	5.9	11.8	5.4	7.5	5.9	12.4	5.4	7.6	5.9	13.5	5.8	8.1	6.1	14.1	6.9
Less than 20	9.3	6.8	13.4	4.3	9.0	6.3	13.2	6.3	8.8	5.8	13.6	5.9	9.7	6.6	14.4	9.0
20-24	6.9	5.2	11.5	5.0	7.3	5.6	12.0	4.8	7.7	5.8	12.8	4.6	8.0	6.0	12.9	5.4
25-29	6.3	5.8	8.7	7.1	6.8	6.1	10.6	5.6	7.0	5.9	13.0	6.8	7.4	5.9	14.4	5.4
30+	7.5	6.2	14.0	5.7	7.5	5.9	14.1	5.7	7.6	5.9	15.3	7.4	8.0	6.3	15.4	9.8
Sussex	7.7	6.4	11.5	5.0	8.0	6.8	11.6	4.9	8.0	6.8	11.8	5.1	8.0	6.9	12.2	5.1
Less than 20	10.0	7.4	12.8	4.6	10.8	8.4	13.6	4.4	10.6	8.5	13.2	7.1	10.7	9.1	13.1	7.7
20-24	7.4	5.8	10.9	4.3	7.5	6.0	10.7	4.3	7.3	6.0	10.4	3.4	7.6	6.1	11.7	4.2
25-29	7.1	6.4	10.7	4.9	7.0	6.4	10.4	5.2	6.9	6.1	11.0	5.6	7.1	6.3	12.3	5.7
30+	7.1	6.4	11.4	8.0	7.8	7.2	11.3	6.7	8.1	7.4	13.3	7.5	7.6	7.1	11.3	4.3

* Persons of Hispanic origin may be of any race. See information about Hispanic data on page 58

Source: Delaware Health Statistics Center

Table 14:

Very Low Birth Weight Births by Age and Race and Hispanic Origin of Mother

Five-Year Average Percentage of Very Low Birth Weight Births by Age, Race and Hispanic Origin of Mother U.S., Delaware and Counties, 1992–1999

	1992–1996				1993–1997				1994–1998				1995–1999			
Area/Age	All	White	Black	Hisp.*	All	White	Black	Hisp.*	All	White	Black	Hisp.*	All	White	Black	Hisp.*
U.S.	1.3	1.0	3.0	1.1	1.4	1.1	3.0	1.1	1.4	1.1	3.0	1.1	1.4	1.1	3.1	1.1
Less than 20	1.8	1.4	2.8	1.3	1.8	1.4	2.8	1.3	1.8	1.4	2.8	1.3	N/A	N/A	N/A	N/A
20-24	1.3	1.0	2.6	0.9	1.3	1.0	2.7	0.9	1.3	1.0	2.7	0.9	N/A	N/A	N/A	N/A
25-29	1.2	0.9	3.0	0.9	1.2	0.9	3.0	1.0	1.2	0.9	3.0	1.0	N/A	N/A	N/A	N/A
30+	1.3	1.1	3.6	1.3	1.4	1.1	3.6	1.3	1.4	1.1	3.7	1.4	N/A	N/A	N/A	N/A
Delaware	1.6	1.1	3.2	1.3	1.7	1.2	3.3	1.3	1.7	1.2	3.3	1.3	1.8	1.3	3.5	1.5
Less than 20	2.3	1.6	3.1	1.2	2.2	1.4	3.1	0.9	2.2	1.3	3.1	0.8	2.3	1.5	3.3	1.3
20-24	1.7	1.1	3.1	1.2	1.8	1.2	3.2	1.2	1.9	1.3	3.2	1.1	2.0	1.4	3.5	1.4
25-29	1.4	1.1	3.0	1.3	1.5	1.1	3.3	1.7	1.6	1.2	3.3	1.6	1.6	1.2	3.6	1.7
30+	1.5	1.1	4.0	1.5	1.6	1.2	3.8	1.6	1.6	1.2	3.6	1.6	1.6	1.3	3.7	1.7
New Castle	1.7	1.1	3.8	1.5	1.8	1.2	3.6	1.7	1.8	1.2	3.5	1.6	1.9	1.3	3.7	1.9
Less than 20	2.5	1.6	3.3	1.3	2.2	1.3	3.0	1.0	2.1	1.2	3.0	1.0	2.4	1.4	3.3	1.7
20-24	2.1	1.2	3.7	1.5	2.0	1.2	3.6	1.6	2.2	1.3	3.8	1.5	2.4	1.5	4.0	1.6
25-29	1.5	1.1	3.5	1.4	1.6	1.1	3.8	2.1	1.7	1.2	3.6	1.8	1.7	1.2	3.8	2.1
30+	1.5	1.1	4.5	2.0	1.6	1.3	4.2	2.1	1.5	1.2	3.7	2.1	1.6	1.3	3.7	2.3
Wilmington	2.9	1.3	3.8	1.8	2.8	1.5	3.6	1.9	2.8	1.8	3.4	1.8	2.9	1.9	3.5	2.3
Less than 20	2.9	2.1	3.4	2.4	2.7	1.2	3.8	1.5	2.8	1.4	1.2	1.6	3.2	1.8	2.9	2.1
20-24	2.9	1.5	3.5	1.7	2.9	1.7	3.5	1.8	2.9	2.2	3.2	2.1	3.3	2.4	3.7	2.3
25-29	2.4	1.0	3.6	2.0	2.6	1.4	3.7	3.3	2.7	1.5	3.7	2.3	2.7	1.5	3.6	3.2
30+	3.1	1.0	4.3	0.0	2.9	1.6	3.9	1.0	2.8	1.9	4.1	0.9	2.4	1.8	3.8	1.5
Kent	1.5	1.3	2.3	1.0	1.6	1.2	2.9	1.0	1.7	1.3	3.0	1.2	1.8	1.2	3.5	1.1
Less than 20	2.5	2.5	2.6	1.4	2.0	2.0	2.1	1.6	2.1	2.0	2.2	1.5	1.9	1.8	2.1	1.5
20-24	1.2	0.9	2.2	1.7	1.6	1.1	3.1	1.6	1.6	1.1	2.9	1.5	1.6	0.9	3.5	1.6
25-29	1.2	1.2	1.1	0.0	1.5	1.3	2.0	0.0	1.5	1.3	2.5	1.4	1.7	1.2	3.4	1.1
30+	1.6	1.1	3.8	0.0	1.7	1.1	4.4	0.0	1.8	1.1	4.8	0.0	2.0	1.2	5.1	0.0
Sussex	1.4	1.0	2.4	1.0	1.5	1.1	2.5	0.7	1.6	1.3	2.7	0.7	1.6	1.4	2.6	0.8
Less than 20	2.3	0.8	3.1	0.9	2.7	1.1	3.8	0.0	2.5	1.2	4.1	0.0	2.6	1.6	4.1	0.0
20-24	1.4	1.1	2.0	0.6	1.5	1.2	2.0	0.5	1.5	1.5	1.7	0.5	1.6	1.6	1.8	0.9
25-29	1.1	1.1	2.5	1.8	1.0	1.0	2.8	1.4	1.3	1.0	2.9	1.2	1.3	1.0	2.8	1.0
30+	1.0	1.0	1.5	1.0	1.2	1.2	0.9	0.8	1.5	1.5	1.4	0.8	1.4	1.4	1.5	0.7

Note: Very Low Birth Weight (<1500 grams) is a subdivision of Low Birth Weight (<2500 grams)

* Persons of Hispanic origin may be of any race. See information about Hispanic data on page 58

Source: Delaware Health Statistics Center

Table 15:

Prenatal Care

Five-Year Average Percentage of Mothers Receiving Prenatal Care in the First Trimester of Pregnancy by Race and Hispanic Origin
U.S., Delaware, Counties, and City of Wilmington, 1987–1999

Area/Race-Hispanic Origin*	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999
U.S.	74.2	74.6	75.2	76.1	77.1	78.1	79.0	79.7	80.6
White	77.8	78.1	78.6	79.3	80.1	81.0	81.7	82.2	83.0
Black	58.9	59.4	60.3	61.8	63.5	65.6	67.2	68.5	70.2
Hispanic*	N/A	N/A	60.9	62.7	64.7	66.8	68.5	69.8	71.3
Delaware	78.0	78.6	79.0	80.0	81.2	82.3	82.6	82.9	83.0
White	84.3	84.9	84.9	85.6	86.2	86.7	86.5	86.5	86.4
Black	58.4	59.1	60.6	62.6	65.4	68.2	70.3	71.5	72.9
Hispanic*	N/A	N/A	64.5	65.2	65.6	66.8	67.3	67.8	68.7
New Castle	81.5	82.0	83.2	85.1	86.6	88.5	89.1	89.1	88.6
White	87.3	88.0	88.7	90.2	91.0	92.3	92.5	92.4	91.8
Black	62.4	62.8	65.3	68.6	72.2	76.1	78.3	78.7	79.3
Hispanic*	N/A	N/A	69.1	72.7	74.2	78.0	79.3	79.8	79.7
Wilmington	66.5	66.0	68.1	71.0	73.6	77.7	79.9	79.9	79.6
White	79.5	79.6	81.1	83.1	84.3	86.9	88.1	87.9	87.0
Black	59.1	58.4	60.8	64.0	67.4	72.3	75.1	75.3	75.6
Hispanic*	N/A	N/A	62.8	66.1	68.0	73.9	78.0	78.2	78.2
Kent	74.0	74.3	72.6	71.0	71.3	69.8	68.1	68.3	69.3
White	79.4	79.1	77.1	74.9	74.8	73.0	71.3	71.6	72.5
Black	57.7	59.5	58.3	58.3	59.7	58.4	57.0	58.0	59.7
Hispanic*	N/A	N/A	67.3	65.8	66.9	65.1	65.0	62.0	61.3
Sussex	68.1	69.2	69.2	69.5	70.4	71.5	73.2	74.5	75.7
White	76.8	78.1	78.0	78.4	79.0	79.3	79.6	80.2	80.8
Black	45.8	45.9	45.9	46.7	47.8	50.2	55.1	58.1	61.7
Hispanic*	N/A	N/A	40.7	37.8	40.2	40.6	42.4	44.3	47.1

* Persons of Hispanic origin may be of any race. See information about Hispanic data on page 58
Hispanic data was not available prior to the 1989-93 time period

Source: Delaware Health Statistics Center, National Center for Health Statistics

Table 16:

Births by Birth Weight, Race and Hispanic Origin of Mother and Adequacy of Prenatal Care

Number and Percent of Live Births by Race and Hispanic Origin of Mother, Birth Weight in Grams and Adequacy of Prenatal Care (Percentages Calculated by Birth Weight Group) Delaware, 1995–1999

Race/Hisp. Origin	Total		Adequate		Intermediate		Inadequate		Unknown	
Birth Weight (g)	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All Races	51,899	100.0	37,958	73.1	10,642	20.5	2,604	5.0	695	1.3
<2500	4,436	100.0	2,915	65.7	1,037	23.4	370	8.3	114	2.6
<1500	944	100.0	645	68.3	188	19.9	73	7.7	38	4.0
1500-2499	3,492	100.0	2,270	65.0	849	24.3	297	8.5	76	2.2
2500+	47,449	100.0	35,043	73.9	9,601	20.2	2,232	4.7	573	1.2
Unknown	14	100.0	0	0.0	4	28.6	2	14.3	8	57.1
White	37,872	100.0	29,061	76.7	6,949	18.3	1,396	3.7	466	1.2
<2500	2,558	100.0	1,843	72.0	521	20.4	135	5.3	59	2.3
<1500	488	100.0	362	74.2	85	17.4	23	4.7	18	3.7
1500-2499	2,070	100.0	1,481	71.5	436	21.1	112	5.4	41	2.0
2500+	35,301	100.0	27,218	77.1	6,424	18.2	1,259	3.6	400	1.1
Unknown	13	100.0	0	0.0	4	30.8	2	15.4	7	53.8
Black	12,499	100.0	7,849	62.8	3,317	26.5	1,135	9.1	198	1.6
<2500	1,756	100.0	993	56.5	482	27.4	233	13.3	48	2.7
<1500	437	100.0	269	61.6	100	22.9	50	11.4	18	4.1
1500-2499	1,319	100.0	724	54.9	382	29.0	183	13.9	30	2.3
2500+	10,742	100.0	6,856	63.8	2,835	26.4	902	8.4	149	1.4
Unknown	1	100.0	0	0.0	0	0.0	0	0.0	1	100.0
Other	1,528	100.0	1,048	68.6	376	24.6	73	4.8	31	2.0
<2500	122	100.0	79	64.8	34	27.9	2	1.6	7	5.7
<1500	19	100.0	14	73.7	3	15.8	0	0.0	2	10.5
1500-2499	103	100.0	65	63.1	31	30.1	2	1.9	5	4.9
2500+	1,406	100.0	969	68.9	342	24.3	71	5.0	24	1.7
Unknown	0	...	0	...	0	...	0	...	0	...
Hispanic*	3,530	100.0	2,115	59.9	1,048	29.7	287	8.1	80	2.3
<2500	262	100.0	159	60.7	71	27.1	22	8.4	10	3.8
<1500	53	100.0	32	60.4	11	20.8	5	9.4	5	9.4
1500-2499	209	100.0	127	60.8	60	28.7	17	8.1	5	2.4
2500+	3,267	100.0	1,956	59.9	977	29.9	264	8.1	70	2.1
Unknown	1	100.0	0	0.0	0	0.0	1	100.0	0	0.0

* Persons of Hispanic origin may be of any race. See information about Hispanic data on page 58

Source: Delaware Health Statistics Center

Table 17:

Births by Birth Weight, Age of Mother and Adequacy of Prenatal Care

Number and Percent of Live Births by Age of Mother, Birth Weight in Grams and Adequacy of Prenatal Care (Percentages Calculated by Birth Weight Group) Delaware, 1995–1999

Age/	Total		Adequate		Intermediate		Inadequate		Unknown	
Birth Weight (g)	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Less than 20 yrs	6,915	100.0	4,040	58.4	2,102	30.4	655	9.5	118	1.7
<2500	755	100.0	392	51.9	234	31.0	110	14.6	19	2.5
<1500	162	100.0	95	58.6	37	22.8	25	15.4	5	3.1
1500-2499	593	100.0	297	50.1	197	33.2	85	14.3	14	2.4
2500+	6,159	100.0	3,648	59.2	1,867	30.3	545	8.8	99	1.6
Unknown	1	100.0	0	0.0	1	100.0	0	0.0	0	0.0
20-24 Years	11,634	100.0	7,794	67.0	2,823	24.3	833	7.2	184	1.6
<2500	1,046	100.0	674	64.4	243	23.2	104	9.9	25	2.4
<1500	237	100.0	156	65.8	52	21.9	23	9.7	6	2.5
1500-2499	809	100.0	518	64.0	191	23.6	81	10.0	19	2.3
2500+	10,586	100.0	7,120	67.3	2,580	24.4	727	6.9	159	1.5
Unknown	2	100.0	0	0.0	0	0.0	2	100.0	0	0.0
25-29 Years	14,401	100.0	11,085	77.0	2,575	17.9	553	3.8	188	1.3
<2500	1,086	100.0	748	68.9	244	22.5	63	5.8	31	2.9
<1500	233	100.0	170	73.0	41	17.6	9	3.9	13	5.6
1500-2499	853	100.0	578	67.8	203	23.8	54	6.3	18	2.1
2500+	13,308	100.0	10,337	77.7	2,330	17.5	490	3.7	151	1.1
Unknown	7	100.0	0	0.0	1	14.3	0	0.0	6	85.7
30-34 Years	12,812	100.0	10,190	79.5	2,123	16.6	362	2.8	137	1.1
<2500	992	100.0	718	72.4	201	20.3	51	5.1	22	2.2
<1500	199	100.0	146	73.4	39	19.6	7	3.5	7	3.5
1500-2499	793	100.0	572	72.1	162	20.4	44	5.5	15	1.9
2500+	11,818	100.0	9,472	80.1	1,921	16.3	311	2.6	114	1.0
Unknown	2	100.0	0	0.0	1	50.0	0	0.0	1	50.0
35+ Years	6,137	100.0	4,849	79.0	1,019	16.6	201	3.3	68	1.1
<2500	557	100.0	383	68.8	115	20.6	42	7.5	17	3.1
<1500	113	100.0	78	69.0	19	16.8	9	8.0	7	6.2
1500-2499	444	100.0	305	68.7	96	21.6	33	7.4	10	2.3
2500+	5,578	100.0	4,466	80.1	903	16.2	159	2.9	50	0.9
Unknown	2	100.0	0	0.0	1	50.0	0	0.0	1	50.0

Source: Delaware Health Statistics Center

Table 18:

Births by Birth Weight, Marital Status, and Adequacy of Prenatal Care

Number and Percent of Live Births by Marital Status, Birth Weight in Grams, and Adequacy of Prenatal Care (Percentages Calculated by Birth Weight Group), Delaware, 1995–1999

Marital Status	Total		Adequate		Intermediate		Inadequate		Unknown	
Birth Weight (g)	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Married	32,957	100.0	26,215	79.5	5,513	16.7	843	2.6	386	1.2
<2500	2,238	100.0	1,709	76.4	409	18.3	63	2.8	57	2.5
<1500	459	100.0	367	80.0	63	13.7	9	2.0	20	4.4
1500-2499	1,779	100.0	1,342	75.4	346	19.4	54	3.0	37	2.1
2500+	30,708	100.0	24,506	79.8	5,100	16.6	778	2.5	324	1.1
Unknown	11	100.0	0	0.0	4	36.4	2	18.2	5	45.5
Single	18,942	100.0	11,743	62.0	5,129	27.1	1,761	9.3	309	1.6
<2500	2,198	100.0	1,206	54.9	628	28.6	307	14.0	57	2.6
<1500	485	100.0	278	57.3	125	25.8	64	13.2	18	3.7
1500-2499	1,713	100.0	928	54.2	503	29.4	243	14.2	39	2.3
2500+	16,741	100.0	10,537	62.9	4,501	26.9	1,454	8.7	249	1.5
Unknown	3	100.0	0	0.0	0	0.0	0	0.0	3	100.0

Source: Delaware Health Statistics Center

Table 19:

Infant, Neonatal and Postneonatal Mortality Rates

Five-Year Average Infant Mortality Rates, Neonatal and Postneonatal Mortality Rates U.S. and Delaware, 1992–1999

Area/Race	1992–1996			1993–1997			1994–1998			1995–1999		
	Infant	Neo-natal	Post-neonatal	Infant	Neo-natal	Post-neonatal	Infant	Neo-natal	Post-neonatal	Infant	Neo-natal	Post-neonatal
U.S.	8.0	5.1	2.9	7.7	5.0	2.7	7.5	4.9	2.6	N/A	N/A	N/A
White	6.5	4.2	2.4	6.4	4.1	2.3	6.2	4.0	2.1	N/A	N/A	N/A
Black	15.8	10.2	5.6	15.3	9.9	5.4	14.8	9.7	5.1	N/A	N/A	N/A
Delaware	7.9	5.4	2.5	7.8	5.3	2.5	7.9	5.4	2.6	8.1	5.5	2.6
White	5.6	3.8	1.8	5.6	3.7	1.9	5.9	3.7	2.2	5.7	3.5	2.2
Black	15.7	10.7	5.1	14.7	10.4	4.3	14.4	10.6	3.8	15.7	11.8	3.9

* Based on National Center for Health Statistics estimate

Neonatal – the period from birth to 27 days; **Post-neonatal** – the period from 28 days to one year; **Infant** – the period from birth to one year

Infant Mortality Rate – calculated in deaths per 1,000 deliveries

Sources: Delaware Health Statistics Center; National Center for Health Statistics

Table 20:

Infant Mortality Rates by Race and Hispanic Origin

Five-Year Average Infant Mortality Rates by Race and Hispanic Origin
U.S., Delaware, Counties and City of Wilmington, 1982–1999

Area/Race-Hispanic Origin	1982-1986	1983-1987	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999
U.S.	10.9	10.6	10.4	10.2	9.9	9.6	9.3	9.0	8.6	8.3	8.0	7.7	7.5	N/A
White	9.5	9.2	9.0	8.7	8.3	8.0	7.7	7.3	7.0	6.8	6.5	6.4	6.2	N/A
Black	18.7	18.3	18.0	18.1	18.0	17.9	17.7	17.5	17.0	16.4	15.8	15.3	14.8	N/A
Delaware	12.2	11.8	12.1	12.3	11.3	11.5	10.9	10.4	9.3	8.9	7.9	7.8	7.9	8.1
White	9.7	9.3	9.6	9.9	8.9	8.9	8.2	7.5	6.6	6.4	5.6	5.6	5.9	5.7
Black	20.7	19.9	20.6	20.7	19.6	20.0	19.8	19.9	18.2	17.0	15.7	14.7	14.4	15.7
Hispanic*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	9.8	7.9	6.6	5.2	5.5	3.4	4.0
New Castle	13.1	12.6	12.4	12.5	11.2	11.3	10.8	10.7	9.5	9.0	7.8	7.3	7.3	7.9
White	10.1	9.6	9.5	9.6	8.4	8.6	7.9	7.5	6.5	6.3	5.0	4.9	4.8	4.9
Black	23.9	23.4	23.2	23.1	21.1	20.8	20.8	21.7	19.8	18.3	17.5	15.3	15.1	17.2
Wilmington**	N/A	N/A	N/A	N/A	20.9	20.4	19.6	19.5	18.0	16.6	15.2	13.6	12.8	13.7
White	N/A	N/A	N/A	N/A	16.2	14.1	12.3	11.2	9.7	10.1	6.2	6.4	5.6	6.2
Black	N/A	N/A	N/A	N/A	23.8	24.2	23.8	24.3	22.8	20.4	20.5	17.8	16.8	18.0
Balance of NC Co **	N/A	N/A	N/A	N/A	8.6	9.0	8.6	8.5	7.5	7.2	6.1	5.9	6.0	6.6
White	N/A	N/A	N/A	N/A	7.6	8.1	7.4	7.1	6.2	5.9	4.8	4.8	4.7	4.8
Black	N/A	N/A	N/A	N/A	17.3	16.4	17.1	18.5	16.3	16.0	14.4	12.9	13.6	16.4
Kent	9.8	9.7	11.3	11.1	11.2	11.3	11.3	9.7	9.6	8.6	8.6	8.2	9.0	8.4
White	8.7	9.3	10.5	9.9	9.4	9.0	8.8	7.3	7.3	6.5	6.8	5.9	7.1	6.3
Black	13.5	11.3	14.4	15.6	17.7	19.0	19.9	17.9	17.6	15.5	15.1	16.5	15.9	15.7
Sussex	11.6	11.0	11.8	12.8	12.2	12.2	10.7	9.7	8.3	8.7	7.9	9.0	9.4	8.5
White	9.0	8.2	9.1	10.8	10.5	10.1	8.8	7.8	6.2	6.8	6.8	8.0	8.9	8.0
Black	17.9	17.8	18.5	18.0	16.8	18.0	16.1	15.3	13.7	13.9	10.4	11.1	10.4	9.9

Mortality Rates are deaths per 1,000 live births

* Persons of Hispanic origin may be of any race. See information about Hispanic data on page 58.
Hispanic data is not available before the 1989-1993 time period.
Note: All rates for Hispanic are based on fewer than 20 deaths during the period and should be interpreted with caution.

** Wilmington data is not available before the 1986-1990 time period.

Sources: Delaware Health Statistics Center; National Center for Health Statistics

Table 21:

Infant Mortality Rates by Risk Factor

Infant Mortality Rates per 1,000 Live Births by Risk Factor (Live Birth Cohort)
Delaware, 1993–1997

Risk Factor	All Races	White	Black
Birth Weight			
<1500 grams	255.2	229.8	280.3
<2500 grams	65.4	56.9	78.9
2500+ grams	2.3	2.1	2.9
Age of Mother			
<20	11.0	9.0	13.6
20-24	10.4	7.6	15.8
25-29	6.4	5.3	11.4
30+	5.2	4.2	10.5
Adequacy of Prenatal Care			
Adequate	6.3	4.8	12.0
Intermediate	7.6	5.8	11.4
Inadequate	22.0	21.0	24.1
Marital Status of Mother			
Married	5.1	4.7	7.1
Single	12.0	8.8	15.4
Education of Mother			
<12 years	10.4	9.4	12.5
High School diploma	8.9	6.4	15.6
1+ years of college	4.9	3.9	10.2
Interval Since Last Live Birth			
<18 months	16.2	13.2	23.8
18+ months	5.2	4.0	8.8

Source: Delaware Health Statistics Center

Table 22:

Infant Deaths by Causes of Death and Race of Mother

Number and Percent of Infant Deaths by Selected Leading Causes of Death by Race of Mother (all birth weights) Delaware, 1994–1998

Cause of Death	All Races		White		Black		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All Causes	386	100.0	218	100.0	158	100.0	10	100.0
Birth Defects	71	18.4	56	25.7	13	8.2	2	20.0
Certain Conditions Originating in the Perinatal Period	197	51.0	91	41.7	100	63.3	6	60.0
Disorders relating to short gestation and unspecified low birth weight (Included in figures above)	91	23.6	34	15.6	52	32.9	5	50.0
Symptom, Signs, and Ill-defined Conditions (Includes Sudden Infant Death Syndrome)	47	12.2	26	11.9	19	12.0	2	20.0
Infectious and Parasitic Diseases	15	3.9	8	3.7	7	4.4	0	0.0
Unintentional Injuries	7	1.8	6	2.8	1	0.6	0	0.0
Homicide	3	0.8	2	0.9	1	0.6	0	0.0
Diseases of the Respiratory System	9	2.3	6	2.8	3	1.9	0	0.0
All Other Causes	37	9.6	23	10.6	14	8.9	0	0.0

Infant deaths are deaths that occur between live birth and one year of age
Percentages are based upon the total number of infant deaths in each race group. Percentages may not add up to 100% due to rounding
Live Birth Cohort – All persons born during a given period of time
Source: Delaware Health Statistics Center

Table 23:

Child Death Rates

Five-Year Average Death Rates, Children 1-14 Years of Age
U.S. and Delaware, 1982–1998

	1982-1986	1983-1987	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998
U.S.	34.9	34.3	33.9	33.6	33.0	32.3	31.3	30.5	29.7	29.1	28.3	27.5	26.4
Delaware	37.0	37.8	35.3	35.3	34.3	32.0	30.1	29.7	26.3	24.3	23.2	23.4	22.4

Sources: Delaware Health Statistics Center; National Center for Health Statistics

Table 24:

Causes of Deaths of Children by Age

Five Leading Causes of Deaths of Children 1–19 Years Old, by Age
Delaware, 1994–1998

Age	Cause of Death	Deaths Number	Percent
1-4 Years	Unintentional Injuries*	19	28.8
	Homicide	10	15.2
	Birth defects	9	13.6
	Heart Disease	5	7.6
	Cancer	3	4.5
	All Other Causes	20	30.3
	Total	66	100.0
5-14 Years	Unintentional Injuries*	32	35.6
	Cancer	14	15.6
	Heart Disease	6	6.7
	Homicide	6	6.7
	Pneumonia and Influenza	5	5.6
	All Other Causes	27	30.0
	Total	90	100.0
15-19 Years	Unintentional Injuries*	95	56.2
	Suicide	17	10.1
	Homicide	17	10.1
	Cancer	9	5.3
	Heart Disease	3	1.8
	All Other Causes	28	16.6
	Total	169	100.0

* Motor vehicle accidents are included as part of unintentional injuries

Source: Delaware Health Statistics Center

Table 25:

Teen Death Rates

Five-Year Average Teen Death Rates by Accident, Homicide, and Suicide, Teens 15–19 Years of Age U.S. and Delaware, 1982–1998

	1982-1986	1983-1987	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998
U.S.	63.7	63.8	65.2	66.4	68.1	68.7	68.9	69.0	69.1	68.0	66.1	64.3	61.4
Delaware	49.1	43.5	50.4	50.1	52.3	47.9	48.3	44.0	45.9	46.0	47.8	53.1	55.0

Sources: Delaware Health Statistics Center; National Center for Health Statistics

Table 26:

Traffic Arrests of Teens

Number of Arrests for Teens Involved in Crashes, Five Year Averages, Delaware, 1992–1998

	1992-96	1993-97	1994-98
No insurance	41.0	44.0	51.0
Disobey traffic devise	83.6	98.4	116.4
Unsafe lane change	50.6	56.8	64.4
Following too closely	191.6	205.2	228.6
Unsafe left turn	108.0	112.6	128.6
Entering roadway unsafely	51.6	50.0	54.6
Stop sign violations	156.0	168.6	180.4
Unsafe speed	165.2	176.8	190.6
Careless driving	373.0	398.2	427.6
Inattentive driving	515.4	567.4	647.4
Driving under the influence	34.8	42.4	721.8
Other traffic arrests	334.8	359.6	388.8
Average Total Traffic Arrests	2,105.6	2,280.0	2,527.0

Source: Delaware State Police

Table 27:

Violent Juvenile Arrests

Juvenile Violent Crime Arrests, Delaware and Counties, 1988–1999

Area	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Delaware	191	214	374	594	537	525	514	588	629	549	557	654
New Castle	139	133	251	254	317	328	321	382	414	334	298	361
Kent	24	38	54	70	107	100	90	93	102	96	121	147
Sussex	29	43	69	70	113	97	103	113	113	119	138	146

Source: Statistical Analysis Center

Table 28:

Juvenile Part I Violent Crime Arrests

Arrest of Children under 18 Years of Age by Type of Crime, Delaware, 1988–1999

Crime Type	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Part 1 Violent	191	214	374	394	537	525	514	588	629	549	557	654
Murder, Nonneg. Manslaughter	2	4	5	5	3	2	2	4	8	0	4	0
Manslaughter by Negligence	3	1	0	1	2	3	1	1	0	2	3	2
Forcible Rape	39	33	47	50	57	70	47	52	49	62	69	76
Robbery	51	28	105	88	133	121	144	171	168	141	137	154
Aggravated Assault	96	148	215	250	342	329	320	360	404	344	334	422

Source: Statistical Analysis Center

Table 29:

Juvenile Part I Property Crime Arrests

Juvenile Arrests for Part I Property Crimes*, Delaware and County, 1990–1999

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Delaware	1,961	1,964	2,307	2,159	2,211	2,156	2,225	1,957	1,711	1,851
New Castle	1,231	1,233	1,443	1,372	1,363	1,305	1,248	1,060	824	1,010
Kent	440	452	528	374	470	415	527	482	470	427
Sussex	290	279	336	413	378	436	450	415	417	414

* Part 1 Property Crimes: Burglary – Breaking or Entering, Larceny – Theft (Except MV Theft), Arson
Source: Statistical Analysis Center

Table 30:

Juvenile Part II Crime Arrests

Juvenile Arrests for Part II Crimes*, Delaware and County, 1990–1999

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Delaware	3,955	4,018	3,795	4,005	3,911	4,492	4,869	4,500	4,348	5,535
New Castle	2,556	2,649	2,260	2,363	2,173	2,456	2,637	2,441	2,135	3,214
Kent	658	631	695	740	756	852	927	914	956	957
Sussex	741	738	840	702	982	1,184	1,305	1,145	1,257	1,384

* **Part II Offenses:** Drug Abuse Violations (Sales/Manufacturing and Possession), Other Assaults, Fraud, Stolen Property (Buying, receiving, Possessing, etc.), Sex Offences (except Rape and Prostitution), Liquor Laws, Disorderly Conduct, All Other Offenses (Except Traffic), Curfew and Loitering Law Violation

Source: Statistical Analysis Center

Table 31:

Juvenile Drug Arrests

Arrest of Children under 18 Years of Age by Type of Crime, Delaware, 1988–1999

Crime Type	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Drug Offenses	163	296	277	374	295	316	398	567	590	576	503	651
Drug Sales, Manufacturing	25	55	72	101	65	63	63	84	67	53	51	65
Opium, Cocaine & Derivatives	21	46	66	90	60	53	57	72	52	40	43	45
Marijuana	4	6	6	9	5	10	6	11	12	12	5	16
Synthetic/ Manufactured narcotics	0	1	0	0	0	0	0	0	3	0	0	0
Other Dangerous Non-Narcotics	0	2	0	2	0	0	0	1	0	1	3	4
Drug Possession	140	241	205	273	230	253	335	483	523	523	452	586
Opium, Cocaine & Derivatives	53	121	132	205	145	104	118	122	99	128	128	108
Marijuana	83	116	73	63	74	148	212	350	408	362	315	464
Synthetic/ Manufactured Narcotics	0	0	0	0	0	0	0	2	0	0	0	0
Other Dangerous Non-Narcotics	4	4	0	5	11	1	5	9	16	13	9	14

Source: Statistical Analysis Center

Table 32:

8th Graders Using Substances

Percent of Participants in Delaware Survey of Public School 8th graders Using Substances (Cigarettes, Alcohol, Marijuana) in the Last 30 Days by Gender, Delaware and Counties, 1999

Area/Gender	Cigarettes	Alcohol	Marijuana
Delaware	20	26	16
Male	19	25	18
Female	21	25	14
New Castle	20	26	18
Male	19	25	19
Female	22	26	15
Kent	16	23	11
Male	14	22	11
Female	17	24	10
Sussex	24	28	17
Male	24	30	21
Female	23	25	13

Source: The Center for Drug and Alcohol Studies, University of Delaware and the Office of Prevention, Delaware Department of Services for Children, Youth and Their Families

Table 33:

11th Graders Using Substances

Percent of Participants in Delaware Survey of Public School 11th graders Using Substances (Cigarettes, Alcohol, Marijuana) in the Last 30 Days by Gender, Delaware and Counties, 1999

Area/Gender	Cigarettes	Alcohol	Marijuana
Delaware	31	46	28
Male	31	49	34
Female	31	42	24
New Castle	29	46	29
Male	29	50	35
Female	30	42	24
Kent	29	44	26
Male	31	51	33
Female	28	38	21
Sussex	36	47	30
Male	36	49	34
Female	36	45	26

Source: The Center for Drug and Alcohol Studies, University of Delaware and the Office of Prevention, Delaware Department of Services for Children, Youth and Their Families

Table 34:

Student Violence and Possession

Reports of Student Violence and Possession (Delaware Code, Title 14, §4112* and SBE**)
Delaware and Counties, 1997–1998 School Year

Type of Incident	New Castle County	Kent County	Sussex County	Delaware Totals***
Assault against pupil	333	73	64	481
Extortion against pupil	11	1	3	15
Total reports against pupils	**544**	**74**	**67**	**496**
Assault against employee	51	10	16	79
Extortion against employee	1	0	0	1
Offensive touching against employee	232	52	48	335
Terroristic threatening against employee	52	27	30	111
Total reports against employees	336	89	94	526
Possess dangerous instrument/weapon	130	37	44	172
Possess controlled substance	130	31	62	228
Total reports of possession	260	68	106	400
Total of §4112 reports filed	1,140	231	267	1,422
Total SBE filed	78	92	43	217
Total reports filed	979	323	310	1,639

* **Delaware Code, Title 14, §4112:** Signed in July 1993 requires that evidence of certain incidents of student conduct that occur in Delaware schools be reported to the Secretary of Education and to the Youth Division of the Delaware State Police

** **SBE (State Board of Education) Reports:** Expands the reporting requirements of Delaware Code, Title 14, §4112 to include evidence of other incidents involving school children such as arson and forgery

***Alternative Schools are not included in county breakdowns but are included in Delaware total

Source: Delaware Department of Education

Table 35:

Student Violence and Possession Charges Filed

Incidents in which Police Charges Were Filed
Delaware, 1997–1998 School Year

Incident	Reports	Charges Filed	Percent of Reports Leading to Charges Filed
Title 14, §4112 incidents against pupils	544	163	30%
Title 14, §4112 incidents against employees	543	251	46%
Possession of dangerous instrument/weapon	172	50	29%
Possession of unlawful controlled substance	228	118	52%
SBE incidents	217	83	38%
Total incidents	1,706	666	39%

Source: Delaware Department of Education

Table 36:

Student Violence and Possession by Age

Student Violence Data (Delaware Code, Title 14, §4112* and SBE**) by Number and Age of Perpetrators
Delaware 1998–1999 School Year

	Ages 4–6	Ages 7–9	Ages 10–12	Ages 13–15	Ages 16–21	Total
Number of Students	21	142	461	818	430	1,872
Percent of students involved in violent incidents that are in this age group	1%	8%	25%	44%	23%	100%

* **Delaware Code, Title 14, §4112:** Signed in July 1993 requires that evidence of certain incidents of student conduct that occur in Delaware schools be reported to the Secretary of Education and to the Youth Division of the Delaware State Police

** **SBE (State Board of Education) Reports:** Expands the reporting requirements of Delaware Code, Title 14, §4112 to include evidence of other incidents involving school children such as arson and forgery

Source: Delaware Department of Education

Table 37:

Student Violence and Possession by Gender and Race/Ethnicity

Student Violence Data (Delaware Code, Title 14, §4112* and SBE**)
by Gender and Race/Ethnicity of Perpetrators
Delaware, 1998–1999 School Year

Ethnicity of Perpetrators	Female	% of Total Perpetrators	Male	% of Total Perpetrators	Total	% of Total Perpetrators
American Indian	2	0.1	2	0.1	4	0.2
Asian	3	0.2	9	0.5	12	0.7
African American	245	13.1	739	39.4	984	52.5
Hispanic	20	1.1	64	3.4	84	4.5
White	157	8.4	631	33.7	788	42.1
Total	**427**	**22.7**	**1,445**	**77.1**	**1,872**	**100.0**

* **Delaware Code, Title 14, §4112:** Signed in July 1993 requires that evidence of certain incidents of student conduct that occur in Delaware schools be reported to the Secretary of Education and to the Youth Division of the Delaware State Police

** **SBE (State Board of Education) Reports:** Expands the reporting requirements of Delaware Code, Title 14, §4112 to include evidence of other incidents involving school children such as arson and forgery

Source: Delaware Department of Education

Table 38:

Violent Adult Arrests

Violent Arrest Rate Per 1,000 Population Adults 18 and Over, Delaware, 1987–1999

	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Adult Violent Arrests	967	1,177	1,488	1,878	1,923	2,065	1,978	1,997	2,155	2,200	2,286	2,406	2,428
Rate	2.03	2.43	3.01	3.75	3.78	4.00	3.77	3.74	4.19	4.22	4.11	3.78	4.26

Source: Statistical Analysis Center

Table 39:

Violent Adult Arrests, Adults 18–39

Violent Arrest Rates Per 1,000 Population Adults 18–39 Only, Delaware, 1987–1999

	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Rate	4.08	4.90	6.13	7.65	7.79	8.32	7.92	7.94	8.54	8.72	9.09	7.89	7.80

Source: Statistical Analysis Center

Table 40:

Dropouts

Delaware Dropouts by Gender and Race/Ethnicity, Summary Statistics Grades 9–12, 1998–1999

	Annual Dropout Rate (%)	Percentage of All Dropouts (%)
Total	4.1	100.0
Gender		
Male	4.9	61.1
Female	3.2	38.9
Race/Ethnicity		
American Indian	4.3	0.2
African American	5.2	37.3
Hispanic	6.9	6.5
White	3.4	56.3

Source: Delaware Department of Education

High School Dropouts

Table 41:

Dropouts and Enrollment by Race/Ethnicity

Delaware Dropouts and Student Enrollment by Race, Public School Students Grades 9–12
Delaware and Counties, 1998–1999 School Year

Area	Number of Enrolled Students, Grades 9–12				Number of Dropouts, Grades 9–12			
	Black	Hispanic	White/ Other	All	Black	Hispanic	White/ Other	All
Delaware	9,661	1,269	22,387	33,317	507	88	766	1,361
New Castle	6,175	905	12,586	19,666	309	64	435	808
Kent	1,841	190	5,057	7,088	98	6	153	257
Sussex	1,645	174	4,744	6,563	100	18	178	296

Source: Delaware Department of Education

Table 42:

Dropout Rate and Percentage by Race/Ethnicity

Dropout Rate and Percentage of all Dropouts by Race, Public School Students
Delaware and Counties, 1998–1999 School Year

County	Annual Dropout Rate				Percentage of All Dropouts			
	Black	Hispanic	White/ Other	All	Black	Hispanic	White/ Other	All
Delaware	5.2	6.9	3.4	4.1	37.3	6.5	56.3	100.0
New Castle	5.0	7.1	3.5	4.1	22.7	4.7	32.0	59.4
Kent	5.3	3.2	3.0	3.6	7.2	0.4	11.2	18.9
Sussex	6.1	10.3	3.8	4.5	7.3	1.3	13.1	21.7

Source: Delaware Department of Education

Table 43:

Dropouts and Enrollment by Race/Ethnicity and Gender

Student Enrollment and Delaware Dropouts by Race and Gender, Grades 9–12
Public School Students in Delaware, 1998–1999 School Year

	Number of Enrolled Students, Grades 9-12				Number of Dropouts, Grades 9-12			
Gender	Black	Hispanic	White/ Other	All	Black	Hispanic	White/ Other	All
Delaware	9,661	1,269	22,387	33,317	507	88	766	1,361
Male	4,785	646	11,473	16,904	306	51	475	832
Female	4,876	623	10,914	16,413	201	37	291	529

Source: Delaware Department of Education

Table 44:

Dropout Rate and Percentage by Race/Ethnicity and Gender

Dropout Rate and Percentage of all Dropouts by Race and Gender, Grades 9–12
Public School Students in Delaware, 1998–1999 School Year

	Annual Dropout Rate				Percentage of All Dropouts			
Gender	Black	Hispanic	White/ Other	All	Black	Hispanic	White/ Other	All
Delaware	5.2	6.9	3.4	4.1	37.3	6.5	56.3	100.0
Male	6.4	7.9	4.1	4.9	22.5	3.7	34.9	61.1
Female	4.1	5.9	2.7	3.2	14.8	2.7	21.4	38.9

Source: Delaware Department of Education

Table 45:

Dropouts by Race/Ethnicity

Dropouts by Race/Ethnicity, Grades 9–12, Delaware, 1986–1998

Race/Ethnicity	1987-1988	1988-1989	1989-1990	1990-1991	1991-1992	1992-1993	1993-1994	1994-1995	1995-1996	1996-1997	1997-1998	1998-1999
Black	10.0	10.2	10.0	7.9	6.2	5.8	6.8	5.8	5.3	6.1	6.4	5.2
Hispanic	13.6	14.2	11.9	8.8	7.9	5.1	6.7	7.5	8.3	7.3	8.2	6.9
White	6.1	6.2	5.4	4.9	3.0	3.6	3.8	4.0	4.0	3.7	3.8	3.4
All	7.2	7.3	6.6	5.7	4.0	4.2	4.6	4.6	4.5	4.5	4.7	4.1

Source: Delaware Source: Delaware Department of Education

Table 46:

Teens Not in School and Not in the Labor Force

Number and Percentage of Teens (16–19 Yrs.) Not in School and Not in the Labor Force
Delaware, Counties and City of Wilmington, 1990 Census

Area	Total	%*	White	%*	Black	%*	Other	%*	Hispanic Origin	%*
Delaware										
High School Graduate	472	1.3	310	1.1	152	2.0	10	0.9	5	0.5
Not High School Graduate	1,433	3.8	811	2.8	564	7.6	58	5.0	57	5.5
New Castle										
High School Graduate	313	1.2	212	1.0	91	2.0	10	1.2	5	0.7
Not High School Graduate	864	3.4	467	2.4	357	7.8	40	4.9	36	5.0
Wilmington										
High School Graduate	63	1.8	15	2.0	48	2.0	0	0.0	0	0.0
Not High School Graduate	349	10.1	60	7.9	270	11.1	19	7.2	25	7.1
Kent										
High School Graduate	73	1.1	58	1.2	15	0.9	0	0.0	0	0.0
Not High School Graduate	268	4.0	172	3.6	89	5.1	7	2.7	2	0.8
Sussex										
High School Graduate	86	1.6	40	1.0	46	4.0	0	0.0	0	0.0
Not high school graduate	301	5.6	172	4.2	118	10.2	11	11.6	19	23.5

* Percentage of all teens 16–19 years old
Source: U.S. Bureau of the Census

Table 47:

Teens Not in School and Not Working

Three Year Average Percentage of Persons (16-19 Yrs.) Not in School and Not Working
U.S. and Delaware, 1986–2000

	1986-1988	1987-1989	1988-1990	1989-1991	1990-1992	1991-1993	1992-1994	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000
U.S.	9.8	9.6	9.3	9.4	9.6	9.8	9.6	9.2	9.1	9.0	8.6	8.3	7.9
Delaware	7.0	7.5	10.3	9.0	7.4	10.8	9.6	9.8	4.9	6.9	7.1	7.8	9.8

Source: Center for Applied Demography and Survey Research, University of Delaware

Corrections Addendum

Table 48 p. K-85

Children in Poverty
Three-Year Average Percentage of Children (0-17) in Poverty, US and Delaware, 1989-2000

	89-91	90-92	91-93	92-94	93-95	94-96	95-97	96-98	97-99	98-00
US	19.9	20.7	21.4	22.1	22.1	21.8	21.0	20.4	19.8	18.6
Delaware	11.9	11.8	10.9	12.7	12.5	13.8	13.8	15.3	15.5	16.6

Table 48:

Children in Poverty

Three-Year Average Percentage of Children (0-17) in Poverty
U.S. and Delaware, 1983–2000

	83-85	84-86	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	96-98	97-99	98-00
U.S.	23.7	23.3	22.7	22.4	21.5	20.7	20.2	21.0	21.7	22.5	22.6	22.3	21.6	21.0	20.4	19.2
Delaware	18.5	18.1	20.1	18.4	15.9	13.5	12.0	12.0	11.0	13.3	13.3	14.5	14.5	16.0	16.3	17.6

Source: Center for Applied Demography and Survey Research, University of Delaware

Table 49:

Children in Poverty by Household Structure

Three-Year Average Percentage of Children (0-17) in Poverty by Household Structure
Delaware, 1983–2000

	83-85	84-86	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	96-98	97-99	98-00
One Parent	51.8	48.0	51.5	51.9	46.3	38.0	30.0	28.9	30.0	34.4	36.3	35.7	33.7	34.7	33.1	33.7
Two Parents	7.3	6.5	6.1	4.5	4.3	5.1	5.4	4.3	2.2	3.2	3.4	4.2	4.3	4.3	6.3	7.1

Source: Center for Applied Demography and Survey Research, University of Delaware

Table 50:

Income of Families with Children by Family Type

Three-Year Average Median Income in U.S. Dollars of Households with Children under 18 by Family Type
U.S. and Delaware, 1988–2000

	1988-1990	1989-1991	1990-1992	1991-1993	1992-1994	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000
U.S.											
1-Parent	11,417	12,067	12,610	12,617	12,730	13,187	14,187	15,233	16,177	17,142	18,369
2-Parent	37,700	39,233	40,747	42,213	43,680	45,300	47,100	49,133	51,467	53,775	56,575
Delaware											
1-Parent	14,443	14,567	14,667	15,000	15,667	16,133	17,167	18,467	19,100	19,733	20,233
2-Parent	38,633	41,200	44,237	47,570	49,033	50,867	51,167	53,403	56,900	58,969	60,436

Source: Center for Applied Demography and Survey Research, University of Delaware

Table 51:

Subsidized Child Care

Number of Children in State Subsidized Child Care
Projected Monthly Averages, Delaware, Fiscal Years 1995–2000

	1995	1996	1997	1998	1999	2000
Delaware Totals	5,743	6,919	8,482	9,592	10,200	11,640
Welfare Reform*	2,427	3,366	3,742	4,262	3,743	3,200
Income Eligible**	3,316	3,553	4,740	5,330	6,457	8,440

* The welfare reform numbers refer to the number of children in families who received TANF that year or received TANF child care for one year after leaving the TANF program

** The income eligible numbers reflect the working poor families below 155% of poverty

90% of children with authorization to receive subsidized child care attend in a given month

Source: Delaware Department of Services for Children, Youth and Their Families

Table 52:

Free and Reduced-Price Breakfasts

Average Number of Free and Reduced-Price Breakfasts Served Daily and Percent of Total Served
Delaware and Counties, 1993/94–1998/99 School Years

	1992-1993		1993-1994		1994-1995		1995-1996		1996-1997		1998-1999	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Delaware	12,375	83.4	12,612	82.8	12,484	82.2	12,215	82.2	14,209	81.4	13,503	79.7
New Castle	5,748	86.9	6,272	85.3	5,806	84.6	5,579	83.8	6,353	81.8	6,482	79.9
Kent	3,112	78.2	2,604	77.7	3,133	77.3	3,073	79.3	4,157	79.7	3,280	78.3
Sussex	3,515	82.1	3,736	83.2	3,545	82.3	3,563	82.3	3,699	82.2	3,741	80.9

Source: Delaware Department of Education

Table 53:

Free and Reduced-Price Lunches

Average Number of Free and Reduced-Price Lunches Served Daily and Percent to Total Enrollment
Delaware and Counties, 1995/96–1998/99 School Years

		1995-1996 Number	%	1996-1997 Number	%	1997-1998 Number	%	1998-1999 Number	%
Delaware	Enrollment	108,461		110,245		112,026		113,082	
	Free	31,247		32,208		33,834		38,096	
	Reduced	5,892		6,088		6,955		6,936	
	Percent Free and Reduced	145,600	34.2	148,541	34.7	152,815	36.4		33.8
New Castle	Enrollment	63,440		64,609		66,154		66,831	
	Free	17,912		17,720		19,416		21,190	
	Reduced	3,120		3,223		3,657		3,593	
	Percent Free and Reduced		33.2		32.4		34.9		31.9
Kent	Enrollment	24,472		27,749		24,835		25,005	
	Free	6,533		7,056		7,024		8,328	
	Reduced	1,612		1,640		1,853		1,712	
	Percent Free and Reduced		33.3		35.1		35.7		33.7
Sussex	Enrollment	20,549		20,887		21,037		21,246	
	Free	6,802		7,432		7,394		8,578	
	Reduced	1,160		1,225		1,445		1,568	
	Percent Free and Reduced		38.7		41.4		42.0		40.2

Source: Delaware Department of Education

Table 54:

Children Without Health Insurance

Three-Year Average Percentage of Children Not Covered by Health Insurance
U.S. and Delaware, Three-Year Moving Average, 1983–2000

	83-85	84-86	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	96-98	97-99	98-00
U.S.	15.0	15.6	15.7	15.3	14.4	13.6	13.1	13.0	12.7	12.9	13.4	13.9	14.3	14.5	15.1	14.8
Delaware	14.2	15.1	15.1	14.9	11.6	11.8	11.4	13.4	10.7	10.8	10.2	12.1	12.4	13.7	14.9	12.8

Note: Preliminary data from 2000 indicates that the one-year percentage is 6.7

Source: Center for Applied Demography and Survey Research, University of Delaware

Table 55:

Health Insurance

Three-Year Average Percentage Persons (0-64) without Health Insurance
U.S. and Delaware, 1983–2000

	83-85	84-86	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	96-98	97-99	98-00
U.S.	18.0	17.4	17.6	17.2	16.3	15.6	15.3	15.6	16.1	16.6	17.0	17.2	17.3	17.7	18.1	18.0
Delaware	16.0	16.9	16.9	16.7	14.1	14.0	14.2	15.7	14.2	14.0	14.2	15.8	15.8	15.7	15.7	15.0

Source: Center for Applied Demography and Survey Research, University of Delaware

Table 56:

Poverty Thresholds

Poverty Thresholds by Size of Family and Number of Related Children Under 18 Years
Annual Income in Dollars, U.S., 1999

	Related Children under 18 years old								
Size of Family Unit	None	One	Two	Three	Four	Five	Six	Seven	Eight +
One person under 65 years old	$ 8,667								
One Person 65 years old or older	7,990								
Two people, householder under 65 years	11,156	11,483							
Two people, householder 65 or older	10,070	11,440							
Three people	13,032	13,410	13,423						
Four people	17,184	17,465	16,895	16,954					
Five people	20,723	21,024	20,380	19,882	19,578				
Six people	23,835	23,930	23,436	22,964	22,261	21,845			
Seven people	27,425	27,596	27,006	26,595	25,828	24,934	23,953		
Eight people	30,673	30,944	30,387	29,899	29,206	28,327	27,412	27,180	
Nine people or more	36,897	37,076	36,583	36,169	35,489	34,554	33,708	33,499	32,208

Source: U.S. Census Bureau

Table 57:

Home Ownership

Percent of Home Ownership, U.S. and Delaware, 1989–1999

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
U.S.	63.9	63.9	64.1	64.1	64.5	64.0	64.7	65.4	65.7	66.3	66.8
Delaware	68.7	67.7	70.2	73.8	74.4	70.5	71.7	71.5	69.2	71.0	71.6

Source: Delaware State Housing Authority

Table 58:

Children in One-Parent Households

Three-Year Average Percentage of Children (0-17) in One-Parent Households
U.S. and Delaware, 1983–2000

	83-85	84-86	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	96-98	97-99	98-00
U.S.	30.2	29.2	29.7	30.4	29.2	28.1	26.7	27.5	28.1	28.8	29.3	30.1	30.5	30.8	30.7	30.4
Delaware	31.8	30.1	32.2	31.9	32.2	33.2	32.1	33.5	31.8	32.8	29.8	32.7	34.4	38.3	37.0	38.9

Source: Center for Applied Demography and Survey Research, University of Delaware

Table 59:

Poverty Rates for One-Parent Families

Poverty Rates for One-Parent Female (FHH) and Male (MHH)
Householder Families With Related Children Under 18 Years of Age
Delaware and Counties, 1990 Census

Area	One-Parent FHH Families	FHH Families below poverty		One-Parent MHH Families	MHH Families below Poverty		Risk of Poverty Ratio (FHH vs. MHH)*
		Number	Percent		Number	Percent	
Delaware	17,625	5,609	31.8	4,083	555	13.6	2.3
New Castle	11,625	3,202	27.5	2,627	264	10.0	2.8
Kent	3,193	1,257	39.4	614	127	20.7	1.9
Sussex	2,807	1,150	41.0	842	164	19.5	2.1

* Female-headed one-parent families are 2.3 times more likely to be in poverty than male-headed one-parent families

Source: Delaware Health Statistics Center, U.S. Bureau of the Census

Table 60:

Poverty Rates for Female Householder Families

Poverty Rates for One-Parent Female Householder (FHH) Families
With Related Children Under 18 Years of Age
Delaware and Counties, 1980 and 1990 Census

	1980			1990			
Area	One-Parent FHH Families	FHH Families below poverty		One-Parent FHH Families	FHH Families below Poverty		Percent Change 1979–1989
		Number	Percent		Number	Percent	
Delaware	15,210	6,122	40.2	17,625	5,609	31.8	-20.9
New Castle	10,318	4,006	38.8	11,625	3,202	27.5	-29.1
Kent	2,737	1,180	43.1	3,193	1,257	39.4	-8.6
Sussex	2,155	936	43.4	2,807	1,150	41.0	-5.5

Source: Delaware Health Statistics Center, U.S. Bureau of the Census

Table 61:

Female Headed Families in Poverty

Three-Year Average Percentage Families in Poverty with Single Female Head and Children Under 18
U.S. and Delaware, 1986–2000

	1986-1988	1987-1989	1988-1990	1989-1991	1990-1992	1991-1993	1992-1994	1993-1995	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000
U.S.	50.9	48.5	45.2	42.4	42.9	43.7	44.0	43.1	41.7	40.2	39.3	38.3	36.9
Delaware	42.2	37.7	32.4	26.0	25.5	26.6	31.2	33.0	31.2	28.2	28.0	28.1	30.9

Source: Center for Applied Demography and Survey Research, University of Delaware

Table 62:

Children in Poverty by Family Type

Related Children Under 18 in Poverty, Number and Percent by Family Type
U.S. and Delaware, 1990 Census

	Children under 18 in Married Couple Families		Children under 18 in Female Headed Families		Children under 18 in Male Headed Families	
	Number in Poverty	Percentage in Poverty	Number in Poverty	Percentage in Poverty	Number in Poverty	Percentage in Poverty
U.S.	4,419,632	9.3	6,179,808	49.9	562,396	23.5
Delaware	5,282	4.3	12,471	39.9	944	14.0

Source: Population Reference Bureau; U.S. Bureau of the Census

Table 63:

Child Support Paid

Percent of Child Support That Is Paid
U.S. and Delaware, Fiscal Years 1989–2000

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
U.S.	47.6	53.0	48.0	55.4	52.7	54.0	53.0	52.0	54.0	50.8	52.0	N/A
Delaware	61.0	58.7	58.4	59.3	56.1	59.9	62.0	61.4	60.2	61.0	55.3	58.7

Source: Office of Child Support Enforcement - 158 Report and Child Support Enforcement Annual Report to Congress

Table 64:

Births to Single Mothers

Five Year Average Percentage of Live Births to Single Mothers by Race and Hispanic Origin
U.S., Delaware, Counties, 1984–1999

Area/Race-Hispanic Origin	1984-1988	1985-1989	1986-1990	1987-1991	1988-1992	1989-1993	1990-1994	1991-1995	1992-1996	1993-1997	1994-1998	1995-1999
U.S.	23.4	24.6	25.8	27.0	28.1	29.1	30.2	31.1	31.6	32.1	32.5	32.5
White	15.6	16.8	18.0	19.2	20.4	21.5	22.7	23.7	24.5	25.2	25.7	26.0
Black	61.3	62.6	63.9	65.2	66.4	67.4	68.3	69.0	69.7	70.0	70.1	69.7
Hispanic*	N/A	N/A	N/A	N/A	N/A	38.1	39.6	40.3	40.8	41.1	41.4	41.2
Delaware	26.4	27.3	28.4	29.5	30.5	31.8	32.9	33.5	34.3	35.0	35.7	36.5
White	14.2	14.9	15.4	16.3	17.3	18.6	20.0	21.5	22.7	23.7	24.4	25.4
Black	66.9	68.2	68.7	69.7	70.6	72.1	72.6	73.0	73.2	72.9	72.7	72.4
Hispanic*	N/A	N/A	N/A	N/A	N/A	45.2	46.8	49.1	50.9	51.4	50.9	51.1
New Castle	25.5	26.3	26.7	27.6	28.7	29.8	30.7	31.8	32.3	32.7	33.4	34.2
White	13.7	14.2	14.5	15.1	16.1	17.2	18.3	19.8	20.7	21.3	21.9	22.7
Black	68.7	69.5	69.8	70.6	71.5	72.5	72.8	72.9	73.0	72.3	71.9	71.8
Hispanic*	N/A	N/A	N/A	N/A	N/A	46.5	46.9	49.4	49.4	49.3	47.8	47.5
Wilmington**	N/A	N/A	N/A	61.0	62.6	63.7	64.7	65.5	66.0	66.6	66.9	67.5
White	N/A	N/A	N/A	30.1	32.0	33.1	35.0	35.8	36.8	37.5	37.6	37.6
Black	N/A	N/A	N/A	78.9	79.7	81.1	82.1	83.0	83.7	84.2	84.0	84.5
Hispanic*	N/A	N/A	N/A	N/A	N/A	60.7	61.8	63.4	63.3	63.2	62.4	61.2
Kent	24.4	25.9	27.1	28.4	29.6	31.3	32.4	33.6	34.6	35.3	36.0	37.3
White	14.6	15.6	16.5	17.7	19.5	21.0	22.4	23.5	24.7	25.3	25.7	26.8
Black	56.9	59.2	60.6	62.0	62.4	64.8	65.9	67.0	68.4	69.0	69.6	70.1
Hispanic*	N/A	N/A	N/A	N/A	N/A	35.7	38.1	39.6	45.8	46.2	46.9	46.7
Sussex	32.2	33.0	33.5	34.9	35.5	37.2	39.1	40.4	41.6	43.2	43.7	44.1
White	16.3	17.3	18.2	19.7	20.4	22.2	24.3	26.3	28.7	31.2	32.4	33.7
Black	71.1	72.9	73.2	74.9	75.5	77.8	78.2	78.5	78.0	78.6	78.2	77.3
Hispanic*	N/A	N/A	N/A	N/A	N/A	47.5	52.0	53.2	56.8	58.0	59.0	60.5

* Persons of Hispanic origin may be of any race. See information about Hispanic data on page 58.
Hispanic data is not available before the 1989-1993 time period.
** Wilmington data is not available before the 1987-1991 time period.
Source: Delaware Health Statistics Center; National Center for Health Statistics

Table 65:

Unemployment

Unemployment Rates by Race and Gender
U.S. and Delaware, 1985–1999

	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
U.S., Total	7.2	7.0	6.2	5.5	5.3	5.6	6.8	7.5	6.9	6.1	5.6	5.4	4.9	4.5	4.2
Male	7.0	6.9	6.2	5.5	5.2	5.6	7.0	7.8	7.1	6.2	5.6	5.4	4.9	4.4	4.1
Female	7.4	7.1	6.2	5.5	5.2	5.6	7.0	7.8	7.1	6.2	5.6	5.4	4.9	4.6	4.3
White	6.2	6.0	5.3	4.7	4.5	4.7	6.0	6.5	6.0	5.3	4.9	4.7	4.2	3.9	3.7
Black	15.1	14.5	13.0	11.7	11.4	11.3	12.4	14.1	12.9	11.5	10.4	10.5	10.0	8.9	8.0
Delaware, Total	5.3	4.3	3.2	3.2	3.5	5.2	6.3	5.3	5.3	4.9	4.3	5.2	4.0	3.8	3.5
Male	5.0	4.4	3.0	3.4	3.2	5.6	7.2	5.9	5.5	4.5	4.6	5.8	4.4	3.7	4.1
Female	5.6	4.3	3.4	2.9	3.8	4.6	5.0	4.6	5.2	5.3	4.1	4.5	3.6	3.9	2.9
White	4.1	3.6	2.3	2.5	2.9	4.2	5.5	4.1	4.6	3.9	4.1	3.9	3.3	2.9	2.6
Black	12.2	8.6	6.6	7.5	6.6	9.3	9.2	10.6	9.5	9.5	4.9	10.1	6.7	6.7	6.7

*Preliminary data subject to revision
Source: Delaware Department of Labor and U.S. Dept. of Labor, Bureau of Labor Statistics

Table 65:

Available Child Care

Number of Licensed Child Care Slots, Delaware, 1990–1999

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Child Care Centers*	13,530	14,481	15,642	16,727	17,117	18,269	19,328	20,371	23,404	24,937
Family Child Care Homes**	8,889	10,400	11,070	11,891	11,459	16,412	14,935	15,197	14,297	14,067
Large Family Child Care Homes***	286	308	336	424	488	514	519	535	601	549
Totals	22,750	25,189	27,048	29,042	29,064	35,195	34,782	36,103	38,302	39,553

* Child Care Center- 13 or more children
** Family Child Care Homes- 1 person caring for no more than 6 children
***Large Family Child care Homes- 2 people caring for a group of 7-12 children
Source: Delaware Department of Services for Children, Youth and Their Families

Table 67:

School Age Programs

Number of School Age Programs, Delaware and Counties, 2000

Type of care	Delaware		New Castle County		Kent/Sussex County	
	Total	School Age	Total	School Age	Total	School Age
Child Care Centers	255	239	164	156	91	83
Family Child Care	1,589	1,515	972	922	617	593
School Age Only	77	N/A	28	N/A	49	N/A

Source: The Family and Workplace Connection

Table 68:

Site-Based Public School Age Programs

Number and Percent of School Age Child Care Located At Schools, Delaware and Counties, 2000

	Delaware			New Castle County			Kent/Sussex County		
	Total	School Age	%	Total	School Age	%	Total	School Age	%
Elementary Schools	106	70	66%	60	45	75%	45	25	55%
Middle Schools	28	1	4%	15	0	0%	13	1	8%

Source: The Family and Workplace Connection

Table 69:

Child Care Costs

Weekly Cost in Dollars to Families for Child Care by Child's Age
Delaware, Wilmington, and Counties Counties, 2000

Age	Delaware			Wilmington			New Castle County			Kent/Sussex Counties		
	Min.	Average	High	Min.	Average	High	Min.	Average	High	Min.	Average	High
0-12 months	48	96	169	60	103	200	45	112	207	50	80	130
12-24 months	49	91	158	60	97	175	49	106	186	50	77	130
24-36 months	44	88	154	55	92	175	49	103	183	40	74	125
3 years old	44	87	150	55	90	173	49	101	175	40	74	125
4 years old	44	87	150	50	88	156	49	100	175	40	74	125
Kindergarten	18	79	149	30	79	156	10	88	174	25	71	125
School Age	13	61	132	25	59	115	10	59	138	15	64	125

Source: The Family and Workplace Connection

Table 70:

Hospitalizations for Childhood Asthma

Inpatient Asthma Discharges for Children 0-17 Years of Age by Health Insurance Status
Delaware, 1994–1999

		1994	1995	1996	1997	1998	1999
Children Discharged	Delaware	435	569	485	513	420	575
	Medicaid	224	276	268	311	204	281
	Non-Medicaid	211	293	217	202	216	294
Readmissions	Delaware	87	107	77	79	69	81
	Medicaid	60	73	59	57	38	38
	Non-Medicaid	27	34	18	22	31	43
Total Discharges	Delaware	522	676	562	592	489	656
	Medicaid	284	349	327	368	242	319
	Non-Medicaid	238	327	235	224	247	337
Discharge Rate	Delaware	3.0	3.8	3.2	3.3	2.7	3.6
	Medicaid	6.9+	6.5+	7.4+	8.4+	5.6+	7.0+
	Non-Medicaid	1.8	2.7	1.8	1.7	1.8	2.5
Readmission Rate	Delaware	20.0	18.8	15.9	15.4	16.4	14.1
	Medicaid	26.8+	26.4+	22.0+	18.3+	18.6	13.5
	Non-Medicaid	12.8	11.6	8.3	10.9	14.4	14.6

Note: + indicates that the Medicaid rate is statistically higher than the Non-Medicaid rate

Source: Delaware Health Statistics Center

Table 71:

Child Immunizations

Percent of Children Fully Immunized by Age 2+
U.S. and Delaware, 1994–1999

	Apr. 1994 – Mar. 1995	Jan. 1995– Dec. 1995	Jan. 1996– Dec. 1996	Jan. 1997– Dec. 1997	Jan. 1998– Dec. 1998	Jan. 1999– Dec. 1999
Delaware	81.0	75.0	81.0	81.0	80.0	80.0
U.S.	75.0	76.0	78.0	78.0	80.6	79.9

Source: Centers For Disease Control and Prevention

Table 72:

Lead Poisoning

Percent of Children under Age 6 with Blood Lead Levels at or Exceeding 15 mcg/dL
Delaware and U.S., Fiscal Years 1994–1999

	1994	1995	1996	1997	1998	1999	2000
# Tested	7,998	8,959	9,848	9,243	9,117	9,958	10,845
# Identified	247	208	166	121	140	64	51
Delaware (%)	3.1	2.3	1.7	1.3	1.5	0.6	0.5
U.S. (%)	N/A	1.3	N/A	N/A	N/A	N/A	N/A

U.S. data only available for 1995
Source: Delaware Department of Health and Social Services, Division of Public health, Childhood Lead Poisoning Prevention Program

Table 73:

Sexually Transmitted Diseases

Number and Percent of Teens Ages 15–19 with Gonorrhea and Primary or Secondary Syphilis and Chlamydia*, Delaware, 1990–1999

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Gonorrhea Cases	1,000	850	549	460	769	771	523	452	528	478
Primary or Secondary Syphilis Cases	16	20	7	6	2	1	2	0	2	1
Chlamydia*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1,237	1,211
Total	1,016	870	556	466	771	772	525	452	1,689 **	1,690 **
Est. Population 15-19 yrs.	46,454	46,100	45,768	45,453	45,159	44,886	45,943	47,029	48,145 †	49,291
Delaware (%)	2.2	1.9	1.22	1.0	1.7	1.7	1.1	1.0	3.5	3.4

Note: No reliable U.S. data are available
* The figures for chlamydia are only available for 1998 and 1999
** The increased totals reflect the inclusion of the chlamydia figures
† This figure is different the number in the KIDS COUNT 1999 Data Book
Source: Delaware Department of Health and Social Services, Division of Public Health

Table 74:

Child Abuse and Neglect

Reported and Confirmed Reports of Child Abuse/Neglect, Delaware 1990–2000

Fiscal Year	1993	1994	1995	1996	1997	1998	1999	2000
Accepted reports	4,541	4,886	5,584	5,117	6,382	6,384	6,430	5,893
Substantiated reports	1,771	1,856	1,787	1,740	2,031	2,355	1,463	1,958

Source: Delaware Department of Services for Children, Youth and Their Families

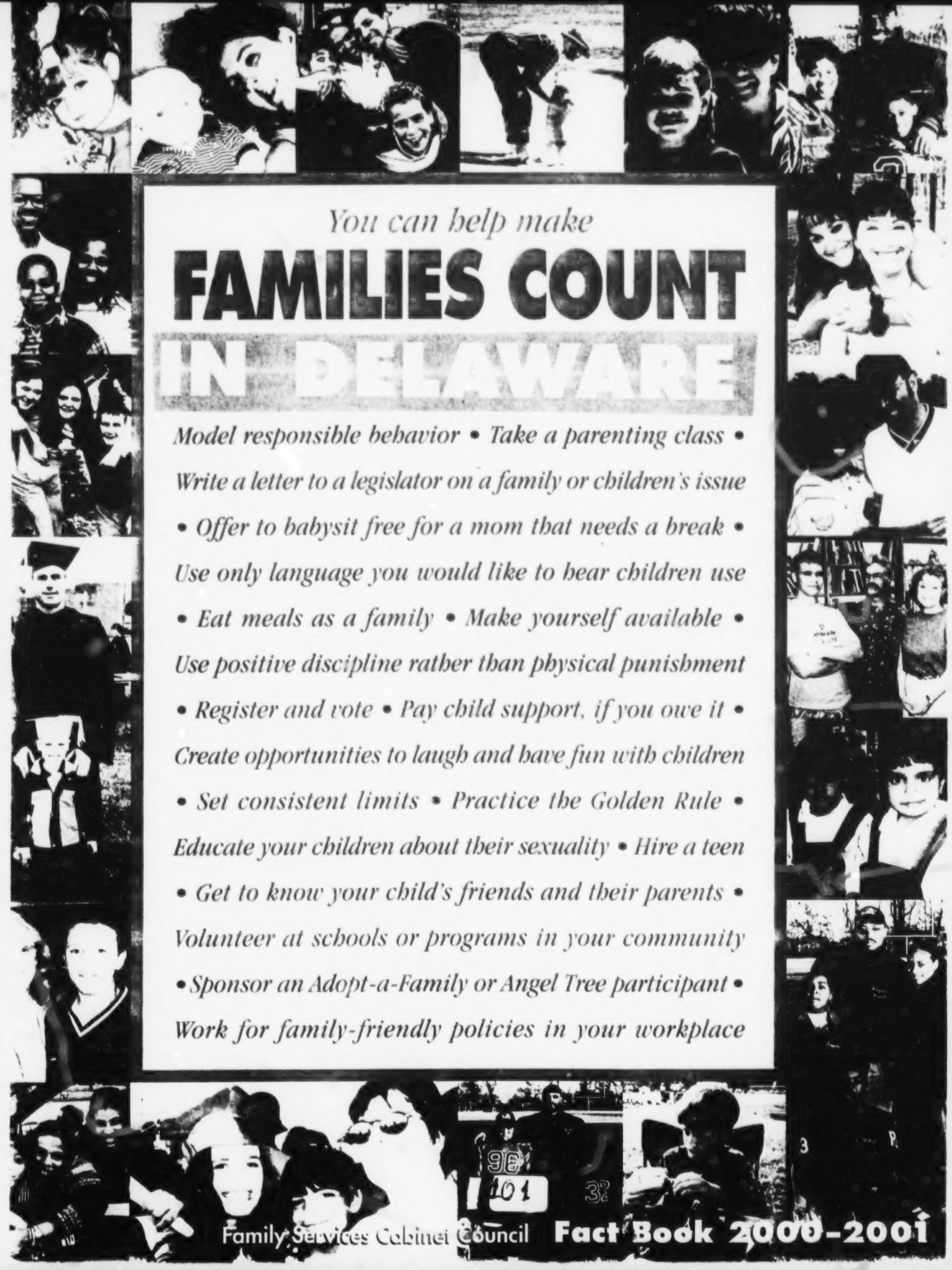
Table 75:

Foster Care

Children in Foster Care, Delaware, Fiscal Years 1990–2000

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Average number of children per month	678	743	725	729	793	892	925	828	899	936	980

Sources: Delaware Department of Services for Children, Youth and Their Families
Child Abuse and Neglect: A look at the States (The CWLA Stat Book), Child Welfare League of America, Inc., Washington, D.C., 1995 and 1997



You can help make

FAMILIES COUNT
IN DELAWARE

Model responsible behavior • Take a parenting class • Write a letter to a legislator on a family or children's issue • Offer to babysit free for a mom that needs a break • Use only language you would like to hear children use • Eat meals as a family • Make yourself available • Use positive discipline rather than physical punishment • Register and vote • Pay child support, if you owe it • Create opportunities to laugh and have fun with children • Set consistent limits • Practice the Golden Rule • Educate your children about their sexuality • Hire a teen • Get to know your child's friends and their parents • Volunteer at schools or programs in your community • Sponsor an Adopt-a-Family or Angel Tree participant • Work for family-friendly policies in your workplace

Family Services Cabinet Council **Fact Book 2000–2001**

STATE OF DELAWARE
OFFICE OF THE GOVERNOR

THOMAS R. CARPER
GOVERNOR

Dear Friends:

One of the very first things on my agenda when I became Governor in 1993 was to create the Family Services Cabinet Council (FSCC), made up of Cabinet Secretaries from the seven state departments having significant impact on children and families in Delaware. Over the past eight years, the FSCC has acted as a catalyst for public/private partnerships and to provide school- and community-based family services in ways that are convenient for Delaware families. As a group which has labored closely together for more than eight years, we are pleased to present this third publication of ***Families Count in Delaware***.

To serve Delaware's families best we must have information on their special needs and everyday challenges. The Families Count book tells us—all of us—what we are doing right and what we can do better. As Governor and as Senator-Elect, I look to this report and our many partners to lead us in the 21st Century with stronger, smarter, healthier families.

If we are to achieve the mission of strengthening and supporting Delaware families and children it will be due to a commitment on the part of the whole community, not just government, but our partners in the non-profit community, faith-based organizations, families and other caring adults. I hope you enjoy the report and find it useful as we continue our shared goal of supporting and strengthening families here in The First State.

Sincerely,

Tom Carper

Thomas R. Carper
Governor

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FAMILIES COUNT in Delaware Fact Book 2000-2001

FAMILIES COUNT in Delaware
Center for Community Development and Family Policy
College of Human Services, Education and Public Policy • University of Delaware
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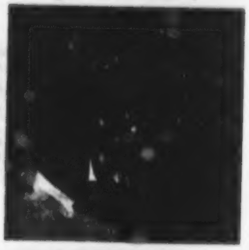

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The Honorable Brian J. Bushweller
Secretary, Department of Public Safety

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- Center for Drug and Alcohol Studies
- Delaware Health Statistics Center
- Delaware Population Consortium
- Delaware State Housing Authority
- Domestic Violence Coordinating Council
- Statistical Analysis Center

And a special thank you to the Delaware families featured on the cover and throughout this book.

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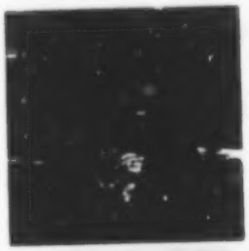
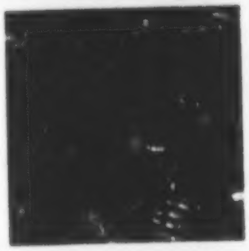
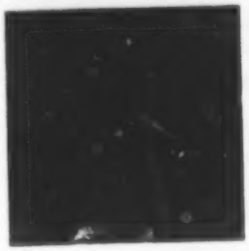


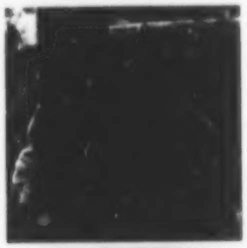


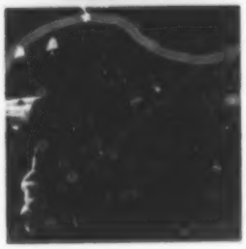


Families Count in Delaware

Family Services Cabinet Council Mission Statement:

To strengthen and support Delaware families and help children achieve their full potential within safe and caring communities.





Welcome to the third edition of *FAMILIES COUNT in Delaware*, a collaborative project of the Family Services Cabinet Council and KIDS COUNT in Delaware which is housed in the Center for Community Development and Family Policy at the University of Delaware. Since 1998 the Family Services Cabinet Council has been monitoring the conditions of families, children and individuals in the community by focusing on outcomes. Outcome measures are defined as measures of the results that occur, at least in part, because of services provided, for example, "percent of low birth weight babies." The focus on outcomes carries important implications:

- It allows us to communicate goals that the state and the public value for the well being of our families, children, and individuals.
- In communicating outcomes, we introduce accountability for improved conditions.
- An outcome focus will also allow for improved decision-making in service delivery, internal management, and allocation of resources.

Integral to the success of this program is public involvement in identifying needs and working toward improved conditions. Assembled in this third report are the indicators which quantify the outcomes. These indicators were developed by Governor Carper's Family Services Cabinet Council in a process that started with a statement of the Council's mission and goals and the publication of the first FAMILIES COUNT in Delaware in the fall of 1998. The indicators are organized into the categories of

1) healthy children,
2) successful learners,
3) resourceful families,
4) nurturing families, and
5) strong and supportive communities.

FAMILIES COUNT continues to evolve as stakeholders and interested Delaware citizens review the indicators to determine if measures need to be reassessed or refined. Having high quality information to measure the status and chart the progress toward improving the lives of Delaware families is a result of the growing public demand for accountable and cost-effective services and the need for and the use of information to guide decision-making in all aspects of our state's efforts to solve our basic problems. Ultimately, this framework of indicators will help state and local policymakers gauge whether services and programs are making a difference in the outcomes for children and families.

Data are presented in a variety of displays. When possible, we compare Delaware to mid-Atlantic states and the nation. These comparisons help to determine where Delaware rates in comparison to the rest of the nation, and if progress is being made over time. In addition, we present the data by counties in order to gain better understanding of the needs in particular segments of the state. Though these data may be used to monitor change or progress, sometimes it is not easy to infer whether the trend is getting better or worse from the indicator, and the same information may be interpreted in different ways. In small states like Delaware, rates tend to vary significantly from year to year. Ranks sometimes mask very small differences among states. Positive trends and high ranks do not necessarily indicate that issues no longer need attention. Finally, we recognize that there are indicators that are not included here and should be. Some of these have been included in the report as "under construction."

Ultimately, the purpose of this book is to stimulate debate, not to end debate by providing definite answers. The best solutions to social problems will emerge from the debate, not from the data. We hope this type of information will add to the knowledge base of our social well being; guide and advance informed discussions; help us concentrate on issues that need attention; and focus on a better future for our children and families.

Healthy Children

Goal *Children are born healthy. Children will remain free of preventable diseases and disabilities, and will have social, emotional, and physical health promoting behaviors. Children born with or who develop disabilities, health, social, or emotional problems reach their full potential.*

	Delaware Compared to U.S. Average	Recent Trend in Delaware
Prenatal care Percent of mothers receiving prenatal care in the first trimester of pregnancy	BETTER	ABOUT THE SAME
Low birth weight babies Percent of low birth weight babies	WORSE	GETTING WORSE
Infant mortality Infant mortality rate per 1,000 live births	SIMILAR	ABOUT THE SAME
Lead poisoning* Percent of children age 6 and under with blood lead levels at or over 15 mcg/dl		GETTING BETTER
Child immunizations Percent of children fully immunized by age 2	SIMILAR	ABOUT THE SAME
Child deaths Rate of child deaths per 100,000 children ages 1–14	BETTER	ABOUT THE SAME
Children with health care coverage Percent of children to age 18 with health care coverage	BETTER	GETTING BETTER
Substance abuse, 8th graders* Percent of participants in Delaware survey of public school eighth graders using substances (cigarettes, alcohol, marijuana) in the last 30 days		GETTING BETTER
Substance abuse, 11th graders* Percent of participants in Delaware survey of public school eighth graders using substances (cigarettes, alcohol, marijuana) in the last 30 days		GETTING BETTER
Sexually transmitted diseases* Percent of teens ages 15–19 with gonorrhea or primary/secondary syphilis		ABOUT THE SAME
Teen deaths Rate of teen deaths by injury, homicide, and suicide (per 100,000 teens 15–19)	BETTER	GETTING WORSE

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* Data not available to indicate trend and/or U.S. comparison.

Successful Learners

Goal: Children are prepared to enter school, progress to high school graduation and make successful transitions to adulthood. Increasing percentages go on to post-secondary education. Children with developmental disabilities or specific needs reach their full potential.

Early childhood disability intervention* Percent of children ages birth to 3 receiving early intervention services		GETTING BETTER
Head Start, Early Childhood Assistance Program* Rate of participation for eligible 4 year olds in early childhood assistance programs		GETTING BETTER
Student achievement: 3rd grade reading* Percent of third graders meeting or exceeding the reading standard		GETTING BETTER
Student achievement: 5th grade reading* Percent of third graders meeting or exceeding the reading standard		GETTING BETTER
Student achievement: 8th grade reading* Percent of third graders meeting or exceeding the reading standard		GETTING BETTER
Student achievement: 10th grade reading* Percent of third graders meeting or exceeding the reading standard		ABOUT THE SAME
Student achievement: 3rd grade math* Percent of third graders meeting or exceeding the math standard		GETTING BETTER
Student achievement: 5th grade math* Percent of third graders meeting or exceeding the math standard		GETTING BETTER
Student achievement: 8th grade math* Percent of third graders meeting or exceeding the math standard		GETTING BETTER
Student achievement: 10th grade math* Percent of third graders meeting or exceeding the math standard		GETTING BETTER
Teens not in school, not working Percent of teens 16–19 not attending school and not working	WORSE	GETTING WORSE
High school dropouts* Percent of high school dropouts		ABOUT THE SAME

Resourceful Families

Goal: Families have educational, housing, health care, employment, and economic resources to be self-sustaining and self-sufficient at all stages in their family life cycle.

Children in poverty Percent of children living in poverty	BETTER	GETTING WORSE
One-parent households Percent of children ages 0–17 in one-parent households	WORSE	GETTING WORSE
Teen births Teen birth rate for 1,000 females age 15–17	WORSE	GETTING BETTER

* Data not available to indicate trend and/or U.S. comparison

Female headed households in poverty* Percent of families in poverty with female single head of household and children	BETTER	GETTING WORSE
Child support collected Percent of amount owed child support that paid	BETTER	GETTING WORSE
Risk of homelessness/Families in substandard housing* Percent of families living in substandard housing, or at risk of becoming homeless	SIMILAR	ABOUT THE SAME
Lack of health care coverage Percent of persons under age 65 who do not have health care coverage	BETTER	ABOUT THE SAME

Nurturing Families

Goal: Families will provide a nurturing environment for all members free of violence, neglect, and abuse.

Abused/neglected children* Children with substantiated reports of abuse or neglect per 1,000 children		GETTING BETTER
Children in out-of-home care* Children in out-of-home care per 1,000 children		ABOUT THE SAME
Juvenile delinquents in out-of-home care* Juvenile delinquents in out-of-home care per 1,000 youth ages 10–17		
Domestic violence* Number of domestic violence reports		

Strong and Supportive Communities

Goal: Communities have child care, educational systems, physical infrastructure, and employment opportunities to support a high quality of life for all community members. Communities are drug, crime, and violence free. Residents are actively involved in achieving community self-sufficiency.

Unemployment rate Unemployment rate by race and gender	BETTER	GETTING BETTER
Depending on neighbors* Percent of households at 200 percent of poverty level or below that indicate they would seek help from a neighbor		
Juvenile violent crime Juvenile violent crime arrest rate (per 1,000 youths ages 10–17)	WORSE	ABOUT THE SAME
Adult violent crime arrests* Adult violent crime arrest rate per 1,000 adults		GETTING BETTER
Adults on probation or parole* Adults on probation or parole per 1,000 adults		ABOUT THE SAME
Substandard housing units* Percent of substandard housing units		
Home ownership Percent of home ownership	BETTER	GETTING BETTER

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* Data not available to indicate trend and/or U.S. comparison

Healthy Children

Goal: Children are born healthy. Children will remain free of preventable diseases and disabilities, and will have social, emotional, and physical health promoting behaviors. Children born with or who develop disabilities, health, social, or emotional problems reach their full potential.

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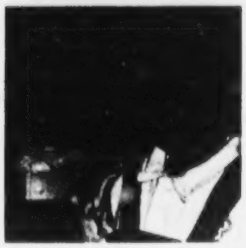
Prenatal Care

Indicator: *Percent of mothers receiving prenatal care in the first trimester of pregnancy*

Infants born to women who do not receive prenatal care are four times more likely to die before their 1st birthday. Although it is generally accepted that prenatal care is the best preventive measure against low-birth weight, infant death and premature delivery, twenty-five percent of women in the United States still do not receive prenatal care within the first trimester.[1] *Adequate prenatal care can prevent the occurrence of low-birth weight, chronic illnesses, extended neonatal care, and lifetime medical care for developmental problems caused by low birth weight.*[2]

Visiting a physician during pregnancy can help to reduce the risk of a low-birth weight baby by 300 percent.[3] *However many women avoid seeking prenatal care because of social, environmental and psychological barriers such as depression, wanting to keep the pregnancy a secret, crowded waiting rooms at clinics, lack of evening/weekend hours at the doctor's offices, and lack of education.*[4] *Prenatal care provides screening for and treatment of disease conditions as well as intervention with non-medical conditions such as smoking, substance abuse, physical abuse and/or nutritional deficiencies.*[5] *Also women who receive adequate prenatal care are more likely to receive proper care for their infants once they are born.*



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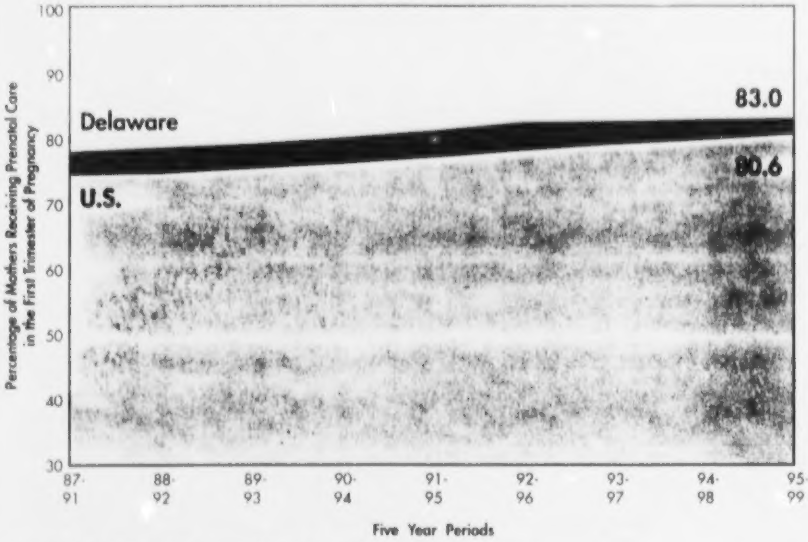
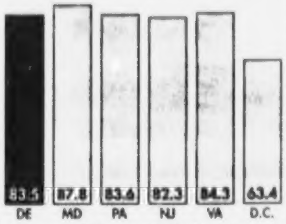
1. Oh Baby Women Receive More Prenatal Care Today Than A Decade Ago (1998) Available from www.ama-assn.org
2. KIDS COUNT in Michigan 1999 Data Book
3. www.plannedparenthood.org
4. KIDS COUNT in Michigan 1999 Data Book
5. 2000 Rhode Island KIDS COUNT Fact Book

Prenatal Care
Delaware Compared to U.S.



Sources: Delaware Health Statistics Center*, National Center for Health Statistics

Regional Comparison of Percentage of Mothers Receiving Prenatal Care in the First Trimester Five Year Average 1994–1998



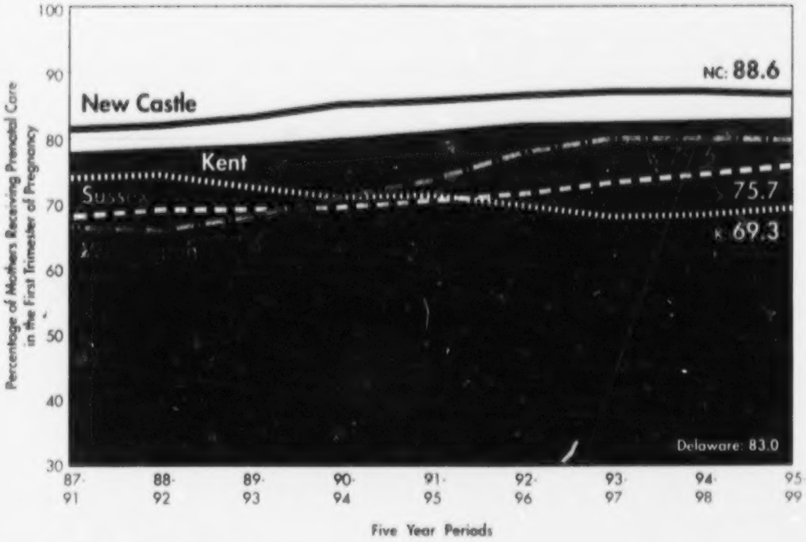
Sources: Delaware Health Statistics Center, National Center for Health Statistics*

Program Statement: Delaware has expanded Medicaid to more pregnant women than ever before, now including low-income working women with income up to twice the poverty level. An eligible pregnant woman can be immediately enrolled in Medicaid enabling her to begin prenatal care without the usual waiting period.

* Percentages vary due to different estimating procedures being used by different sources.

Prenatal Care

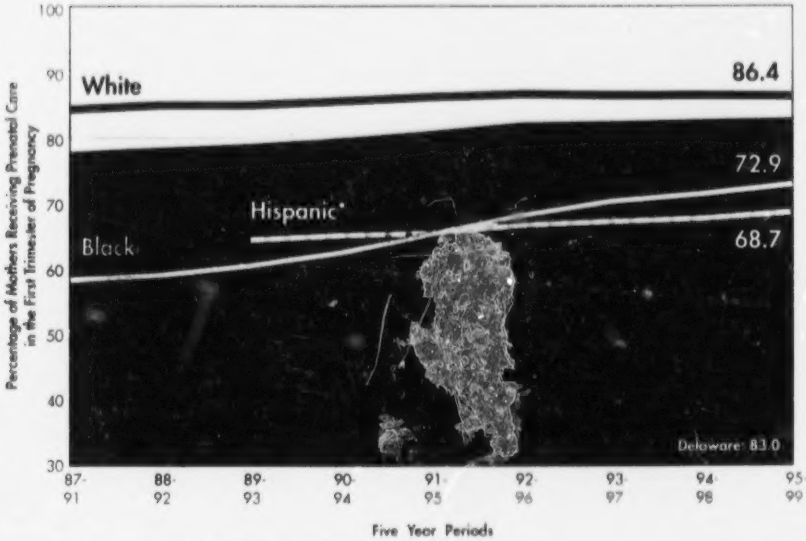
Delaware, Counties and Wilmington



Source: Delaware Health Statistics Center

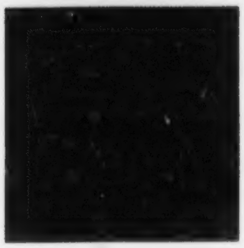
Prenatal Care

Delaware by Race and Hispanic Origin



* Hispanic data was not available before the 1989-93 time period

Source: Delaware Health Statistics Center



For more information see

Low Birth Weight Babies p. F-12

In the KIDS COUNT Section:

Low Birth Weight Babies p. K-20

Infant Deaths by Adequacy of Prenatal Care p. K-23

Tables 15-18 p. K-67-70

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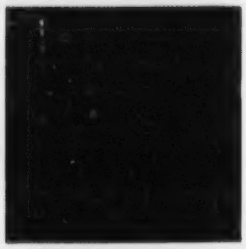
Low Birth Weight Babies

Indicator: Percent of low birth weight babies

Low birth weight is defined as an infant being born at or below 2,500 grams (about 5.5 pounds). Babies weighing less than 5.5 pounds at birth are more likely to experience both physical and developmental problems than babies weighing more than 5.5 pounds at birth. Low birth weight babies may experience long-term physical problems such as an increased risk of adult-onset diabetes and coronary heart disease. [1] *Developmental delays and problems causing the child to be placed in special education classes may also occur. At highest risk are babies weighing less than 3.3 pounds.* [2] *Risk factors associated with low birth weight include poor prenatal habits, in particular tobacco or alcohol use during pregnancy, low maternal weight gain, low maternal weight before pregnancy, and multiple births.* [3] *African-American women, teenage mothers, and mothers living in poverty are at a greater risk of experiencing low weight births. Despite being a small fraction of all births, low weight infants account for more than one-third of all dollars spent on health care for infants.* [4]



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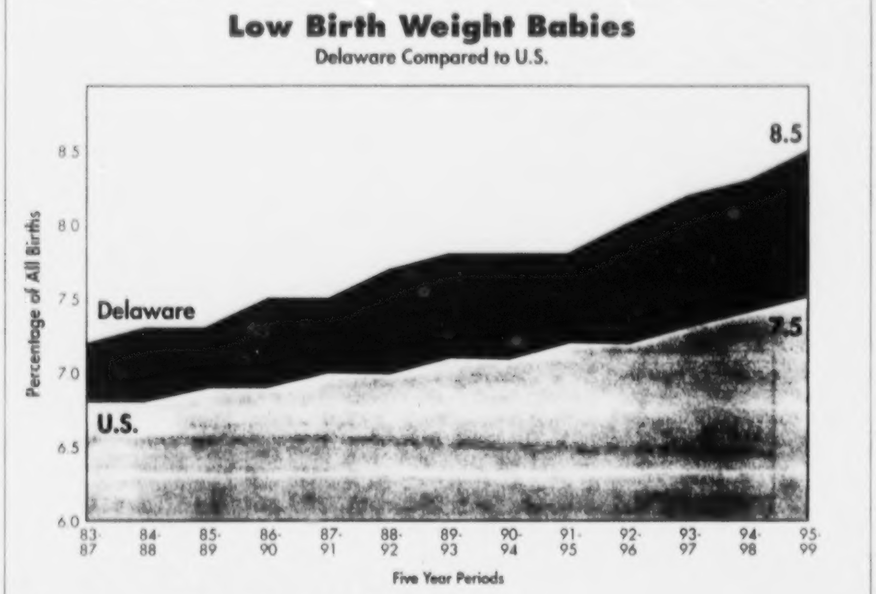
[1] Maranu, L. et al., (1999). Low Birth Weight is Associated with Reduced Expression of GLUT4 and Carnitine Palmitoyltransferase-1 in Adult Skeletal Muscle. *Diabetes*. V48, pSA274

[2] Low Birth Weight Babies. (1998). *Nevada Kids Count Data Book*

[3] Daltveit, A. K. et al. (1999). Impact of multiple births and elective deliveries on the trends in low birth weight in Norway. American Journal of Epidemiology. V149, p1128

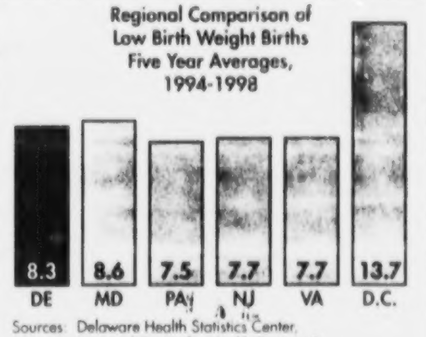
[4] Low Birth Weight Babies. (1999). *Alabama Kids Count 1999 Report*



Low Birth Weight Babies

Delaware Compared to U.S.

Sources: Delaware Health Statistics Center, National Center for Health Statistics



Regional Comparison of Low Birth Weight Births Five Year Averages, 1994-1998

Sources: Delaware Health Statistics Center, National Center for Health Statistics*

Program Statement: Having a healthy baby requires more than medical care. Medicaid provides Delaware women with high-risk pregnancies access to comprehensive services tailored to their needs. These services include medical care, nutritional services, housing, counseling, or other needed services.

* Percentages vary due to different estimating procedures being used by different sources.

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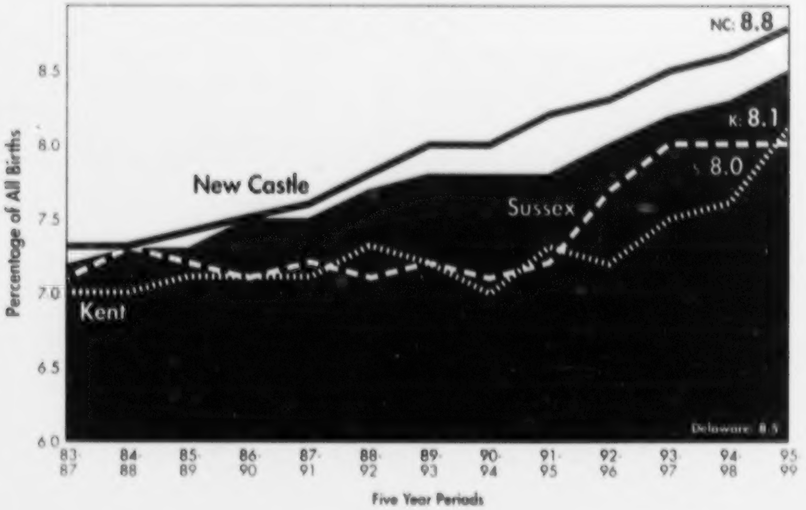
Low Birth Weight Babies

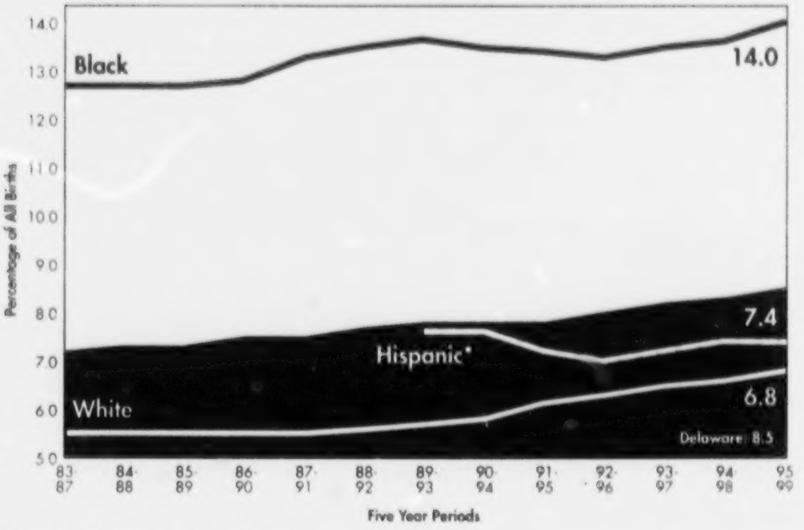
Delaware and Counties



Source: Delaware Health Statistics Center

Low Birth Weight Babies

Delaware by Race and Hispanic Origin



Source: Delaware Health Statistics Center

For more information see

Prenatal Care	p. F-10
In the KIDS COUNT Section:	
Low Birth Weight Babies	p. K-20
Infant Deaths by Birth Weight of Infant	p. K-23
Tables 11-18	p. K-64-70
Tables 21-22	p. K-72-73

Infant Mortality

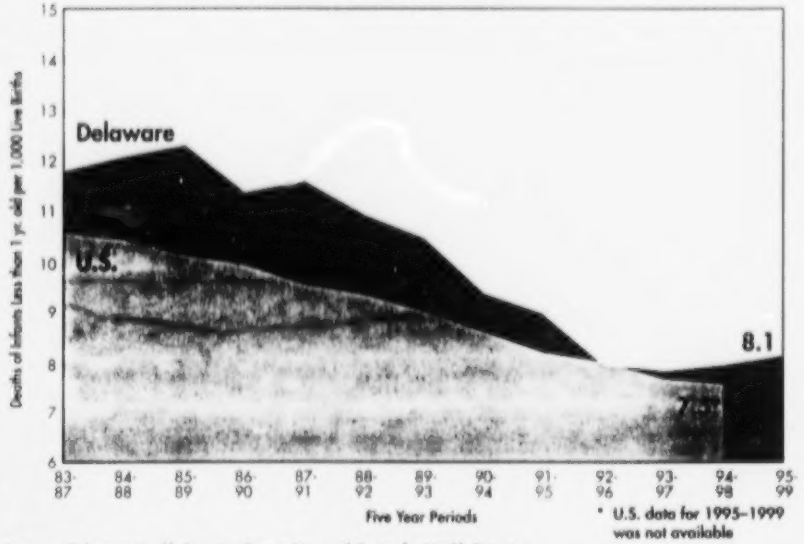
Indicator: ***Infant mortality rate per 1,000 births***

The infant mortality rate represents the number of deaths of children under one year old per 1,000 live births. This rate is important because it is associated with a variety of factors, such as maternal health, quality of and access to medical care, socioeconomic conditions, and public health practices.[1] *Certain conditions increase the risk of infant mortality. These risks include maternal age (less than 19 or over 40), timing of pregnancy (leaving less than 18 months between births), poor maternal health or nutrition, and inadequate prenatal care.*[2]

According to a national study, poverty is a key factor that affects the life expectancy of a child. The mortality rate for children born into families in poverty is 50 percent higher than that of children born into families with incomes above the poverty line.[3]

Infant Mortality

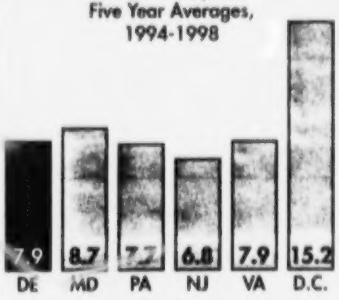
Delaware Compared to U.S.



* U.S. data for 1995–1999 was not available

Sources: Delaware Health Statistics Center, National Center for Health Statistics

Regional Comparison of Infant Mortality Rates Five Year Averages, 1994-1998



Sources: Delaware Health Statistics Center, National Center for Health Statistics*

Program Statement: By providing medical and social services during pregnancy and after a baby is born, Delaware strives to prevent infant deaths. Through the Home Visiting Program, all first time parents are offered in-home support and referrals for needed services. In addition, the Perinatal Board has assumed statewide leadership to save babies' lives by examining the causes of infant mortality and providing information that promotes healthy family behavior through community outreach projects. In concert with these efforts, the Division of Public Health works to prevent Sudden Infant Death Syndrome (SIDS) through the "Back to Sleep" campaign, which promotes healthy sleeping positions for infants.

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1 America's Children: Key National Indicators of Well-being, 1999

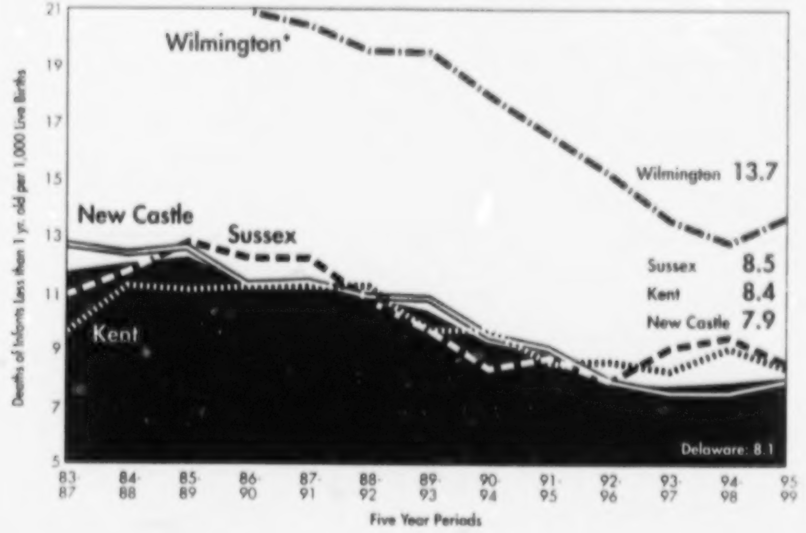
2 Infant Mortality (1996) *Kids Count Data Book on Louisiana's Children*

3 1998 Kids Count Databook: *State Profiles of Child Well-Being*, Annie E. Casey Foundation

* Percentages vary due to different estimating procedures being used by different sources.

Infant Mortality

Delaware, Counties and Wilmington

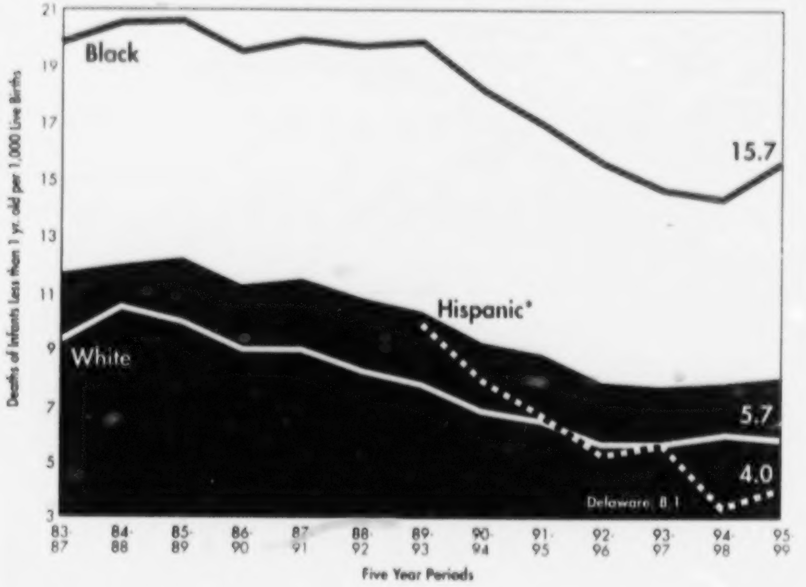


* Wilmington data not available before the 1986–1990 period

Source: Delaware Health Statistics Center

Infant Mortality

Delaware by Race and Hispanic Origin



* Hispanic data not available before the 1990–1994 period

Note: All rates for Hispanics are based on fewer than 20 deaths during the period and should be interpreted with caution.

Source: Delaware Health Statistics Center

For more information see

Prenatal Care	p. F-10
Low Birth Weight Babies	p. F-12
In the KIDS COUNT Section:	
Low Birth Weight Babies	p. K-20
Infant Mortality	p. K-22
Child Abuse and Neglect	p. K-54
Tables 9-17	p. K-58-63
Tables 19-22	p. K-70-73
Table 24	p. K-74
Table 74	p. K-96

Lead Poisoning

Indicator: *Percent of children age 6 and under with blood lead levels at or exceeding 15 mcg/dl*

Lead exposure can come from breathing or swallowing lead dust or by eating soil and/or paint chips with lead in them. Lead is more dangerous to babies and young children than adults because their bodies absorb more lead and their developing brains and nervous systems are more sensitive to the damaging effects of lead. 890,000 preschoolers are still affected by lead poisoning today.[1] The definition of lead poisoning in Delaware has been 15 micrograms (this will soon change to 10 micrograms) of lead per deciliter of blood. Unfortunately low-income families are still eight times more likely to be affected by lead poisoning.

One thousand children in the Delaware area have tested positive for lead poisoning over the last six years.[2] According to Delaware's Department of Health and Social Services, lead poisoning is the number one environmental health threat to young children.[3] Although many believe lead poisoning to be a problem that had disappeared, it still plagues many urban areas. Delaware children are required to be tested for lead poisoning by their first birthday. Delaware officials have raised millions of dollars to clean up the lead and educate people about the dangers of lead.

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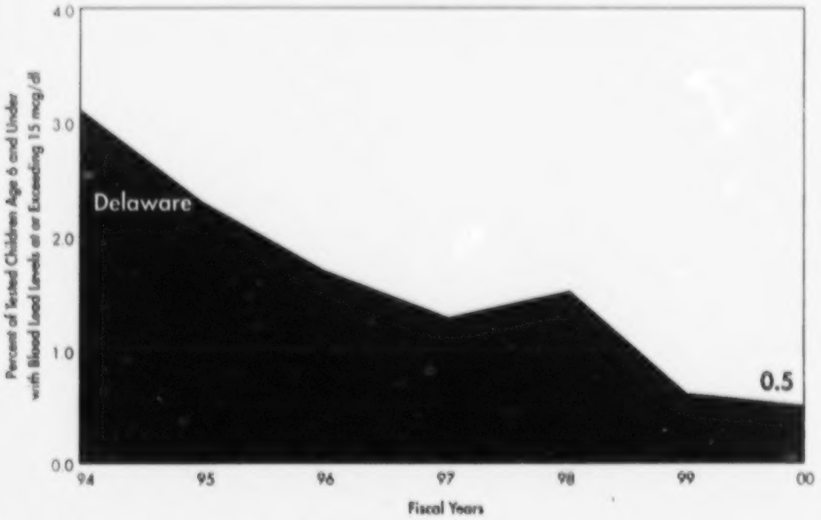
[1] Available from www.aeclp.org/2/index.html

[2] Douglass, Kim. "Paint Risk in Delaware Is Pinpointed." The News Journal, Wilmington, DE Mon. Sept. 25, 2000 A1

[3] ibid.

Lead Poisoning

Delaware



Source: Delaware Department of Health and Social Services

Program Statement: Increasing awareness of childhood lead poisoning is a priority in Delaware. The Division of Public Health sends letters to doctors and nurses to remind them that Delaware law requires **all** children to be screened at or around twelve months of age. The Division also works with community agencies to reduce lead-based hazards from homes where young children reside.

For more information see

In the KIDS COUNT Section

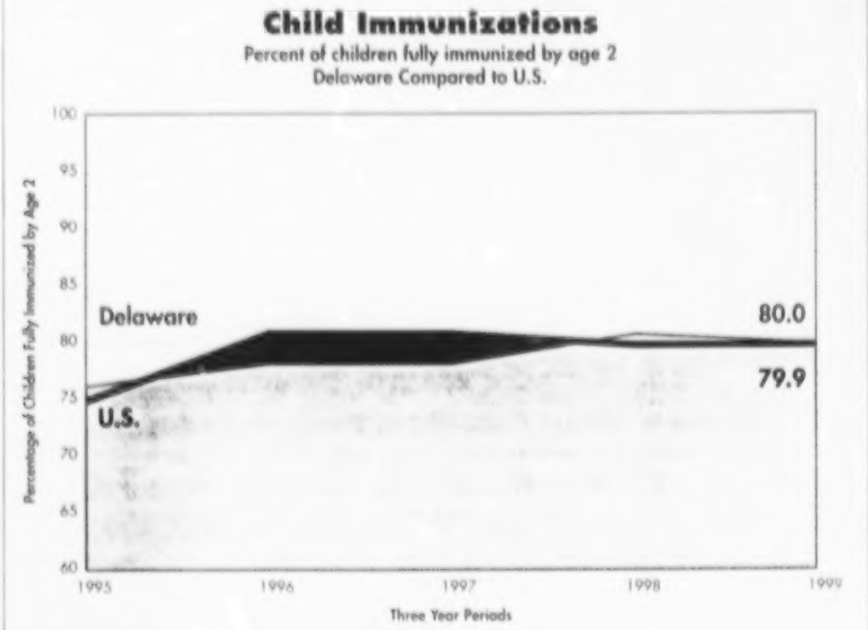
Table 72 p. K-95

Child Immunizations

Indicator: *Percent of children fully immunized by age 2*

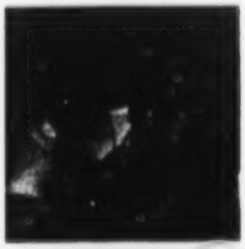
Immunizations are critical to protecting children from the dangers of deadly, yet preventable diseases. By the age of 2, a child should have gone through a series of sixteen shots for the following diseases: measles, mumps, polio, rubella, Hib, diphtheria, tetanus, pertussis, hepatitis B, and varicella.[1] *The immune systems of children are far more susceptible to disease because they are not fully developed.*

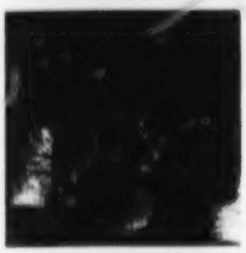
Delaware state law requires children to be immunized before they can enter school. Unfortunately many parents wait until the age of five to have their children immunized. Many childhood illnesses can develop between birth and age five that immunizations would prevent. Approximately ten dollars are saved on medical costs for every one dollar spent towards immunizations.[2]



Sources: Centers For Disease Control and Prevention; Delaware Department of Health and Social Services

Program Statement: Delaware works toward immunizing all children. Through the Vaccines for Children program, eligible children receive free immunizations through their own medical providers. Children must also be fully immunized for families to receive full welfare benefits.





For more information see

Health Care Coverage (children)	p. F-19
Health Care Coverage (families)	p. F-41

In the KIDS COUNT Section:

Child without Health Insurance	p. K-46
Table 71	p. K-94

118

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[1] Center for Disease Control. Available from www.cdc.gov/nip/publications/fs/gen/shouldknow.htm

[2] 2000 Rhode Island KIDS COUNT Factbook

Child Deaths

Indicator: ***Rate of child deaths per 100,000 ages 1–14***

The child death rate is based on the numbers of deaths per 100,000 children. Poverty is the foremost predictor of injury to children. Overall, lack of parental education, inadequate or lack of health insurance, low birth weight, premature birth, substandard living conditions, substance abuse, child maltreatment, single parent households, and lack of adult supervision are additional risk factors that influence and are associated with child deaths.[1] *As a result of technological advances in medical treatment and procedures, the child death rate in the United States has decreased during the past several years. Unintentional injuries remain the leading causes of death for children ages 1 to 4, and most of the injuries are preventable.*[2]

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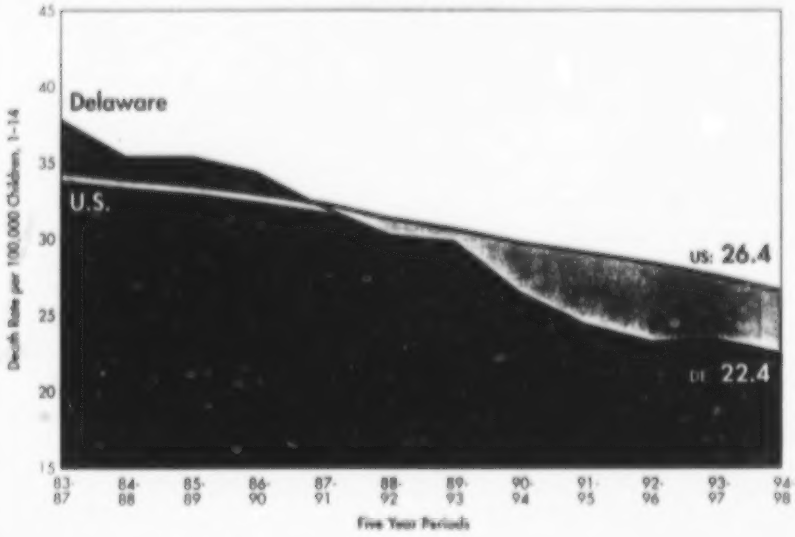
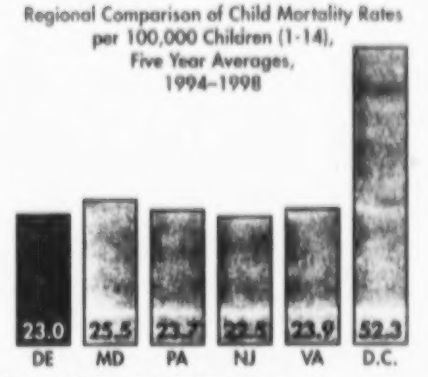
1. Child Death Rate (1998). *Nevada Kids Count Data Book*
2. Lewit, E.M. and Baker L.S. (1995, Spring). Unintentional Injuries. The Future of Children, 5(1)



Sources: Delaware Health Statistics Center, National Center for Health Statistics



Sources: Delaware Health Statistics Center, National Center for Health Statistics*

Program Statement: The Child Death Review Commission reviews all child deaths that occur in Delaware to look for ways to prevent similar deaths. Based on their review, the Commission has recommended actions to reduce child deaths by reducing traumatic injuries, increasing the use of child car seats, improving seat belt use by children, and enacting tougher sentencing laws for felonies resulting in death or serious injury to a child.

* Percentages vary due to different estimating procedures being used by different sources.

For more information see

Infant Mortality	p. F-14
Teen Deaths	p. F-23
In the KIDS COUNT Section:	
Child Deaths	p. K-24
Asthma	p. K-48
Child Abuse and Neglect	p. K-54
Tables 23-24	p. K-74
Table 74	p. K-96

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Health Care Coverage

Indicator: *Percent of children to age 18 with health care coverage*

Between 1987 and 1996 the number of children without health insurance rose from 8.6 million to 10.6 million.[1] *This increase was significant within the African-American population, which rose from 15.3% to 18.8% uninsured children (this was from 1995-1996). The two largest groups of uninsured children are adolescents and children whose parents average less than $50,000 a year.*[2] *In 1997, 16.7% of 12-17 year olds were uninsured.*[3]

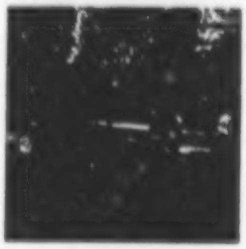
Many health risks can be monitored and controlled with adequate health care. It is more cost efficient to pay for prevention than it is to pay for curative measures. Children without insurance are 30% less likely to receive medical treatment for injuries than are children with insurance.[4]

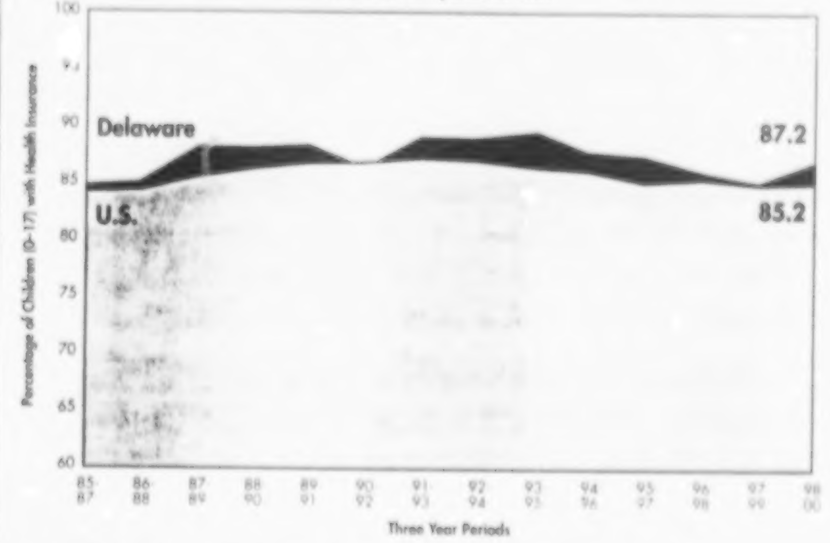
[1] "Children without health insurance" (1998). Census Brief March 1998

[2] Health Insurance Coverage: 1999. Current Population Reports Robert J. Mills U.S. Census Bureau

[3] Creating access to care for children and youth: school based health centers 1998-99 (2000). National Assembly on School Based Health Care

[4] Hoffman, Catherine and Alan Schlobohm (2000). Uninsured in America: A Chart Book, 2nd





Children with Health Care Coverage

Delaware Compared to U.S.

Source: Center for Applied Demography and Survey Research, University of Delaware

Delaware is experiencing an increase in children with health insurance due to the advent of the Delaware Healthy Children Program. In fact, preliminary data from 2000 indicates that the one-year percentage for children *without* health insurance is 6.7, or 93.3% of children insured.

Program Statement: With the advent of the Delaware Healthy Children Program in 1999, Delaware embarked on an aggressive campaign to enroll eligible children in public insurance programs. Uninsured children in families with incomes up to twice the poverty level have access to health insurance at minimal cost. Since the outreach campaign began, Delaware has enrolled 6,480 children in Medicaid and 7,455 children in the Delaware Healthy Children program.

For more information see

Health Care Coverage (Families)	p. F-41
In the KIDS COUNT Section:	
Asthma	p. K-48
Children without Health Insurance	p. K-46
Tables 54-55	p. K-87-88

Substance Abuse

Indicator: ***Percent of participants in Delaware surveys of public school 8th graders using substances (cigarettes, alcohol, marijuana) in the last 30 days***

Research shows that alcohol is the drug most frequently used by 12–17 year olds and that alcohol-related car crashes are the number one killer of teens. Its use is associated not only with motor vehicle crashes but also with other injuries, deaths, problems in school, fighting, crime, and other serious consequences.[1]

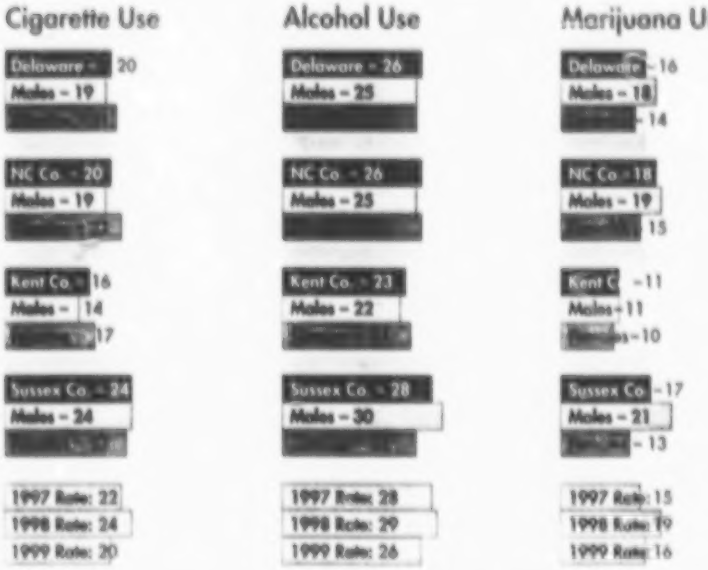
Smoking has serious long-term consequences, including the risk of smoking related diseases, increased health care costs associated with treating these illnesses and the risk of premature death.[2] *Many adults who are addicted to tobacco today began smoking as adolescents, and it's estimated that more than 5 million of today's underage smokers will die of tobacco-related illnesses.*[3]

(continued on next page)

Substance Abuse

Percent of participants in Delaware surveys of public school 8th graders using substances (cigarettes, alcohol, marijuana) in the last 30 days

Delaware, 1999



Sources: The Center for Drug and Alcohol Studies, University of Delaware and the Office of Prevention, Department of Services for Children, Youth and Their Families

For more information see

Substance Abuse – 11th Grade	p. F-21
Student Achievement	p. F-28
In the KIDS COUNT Section:	
Student Violence and Possession	p. K-8
Alcohol, Tobacco, and Other Drugs	p. K-50
Healthy Lifestyles	p. K-52
Tables 31-37	p. K-77-80

Program Statement: The Department of Education has primary responsibility for funds received under the Safe and Drug Free Schools and Communities Act. Grants to school districts support a range of skill-based programs and intervention strategies such as conflict resolution training and substance awareness. DOE also works collaboratively with the Office of Prevention at the Department of Services for Children, Youth and Their Families – Family Services Division, and the University of Delaware on substance abuse issues.

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Substance Abuse

Indicator: ***Percent of participants in Delaware surveys of public school 11th graders using substances (cigarettes, alcohol, marijuana) in the last 30 days***

(continued from previous page)

Drug use by adolescents can have immediate as well as long-term health and social consequences. Marijuana use poses both health and cognitive risks while cocaine is linked with health problems such as eating disorders and death from heart attacks and strokes. Possession and/or use of drugs is illegal and can lead to a variety of penalties and a permanent criminal record. [1]

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1. America's Children: Key National Indicators of Well-Being, 1999
2. Kessler, D.A. et al. (1996). The Food and Drug Administration's regulation of tobacco products. New England Journal of Medicine, 335 (13), 988-994
3. Centers for Disease Control and Prevention. (1996). Projected smoking-related deaths among youth-United States. Morbidity and Mortality Weekly Report, 45 (44), 971-974

Substance Abuse

Percent of participants in Delaware surveys of public school 11th graders using substances (cigarettes, alcohol, marijuana) in the last 30 days
Delaware, 1999

Cigarette Use	Alcohol Use	Marijuana Use
Delaware - 31	**Delaware - 46**	**Delaware - 28**
Males - 31	Males - 49	Males - 34
Females - 31	Females - 42	Females - 24
NC Co. - 29	**NC Co. - 46**	**NC Co. - 29**
Males - 29	Males - 50	Males - 35
Females - 30	Females - 42	Females - 24
Kent Co. - 29	**Kent Co. - 44**	**Kent Co. - 26**
Males - 31	Males - 51	Males - 33
Females - 28	Females - 38	Females-21
Sussex Co. - 36	**Sussex Co. - 47**	**Sussex Co. - 30**
Males - 36	Males - 49	Males - 34
Females - 36	Females - 45	Females - 26
1997 Rate: 33	1997 Rate: 47	1997 Rate: 27
1998 Rate: 33	1998 Rate: 47	1998 Rate: 25
1999 Rate: 31	1999 Rate: 46	1999 Rate: 28

Sources: The Center for Drug and Alcohol Studies, University of Delaware and the Office of Prevention, Department of Services for Children, Youth and Their Families

For more information see

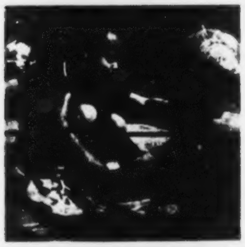
Substance Abuse - 8th Grade	p. F-20
Student Achievement	p. F-28
In the KIDS COUNT Section:	
Student Violence and Possession	p. K-8
Alcohol, Tobacco, and Other Drugs	p. K-50
Healthy Lifestyles	p. K-52
Tables 31-37	p. K-77-80

Sexually Transmitted Diseases

Indicator: *Percent of teens age 15-19 with gonorrhea or primary/secondary syphilis*

Sexually transmitted diseases still play a prevalent role in the health of Americans. Unfortunately it is our youth, ages 15–19, who have the highest rates of infection. About one in four sexually active teenagers will become infected with a sexually transmitted disease or infection within the next year.[1]

Although rates of gonorrhea have been steadily declining over the last few decades, they are beginning to stabilize in recent years.[2] *Gonorrhea often remains undetected which can lead to pelvic inflammatory disease, infertility and tubular pregnancies. Syphilis can cause blindness and neurological diseases. On the national level approximately 70,000 cases are reported each year.*[3] *Syphilis is treatable with doses of penicillin.*



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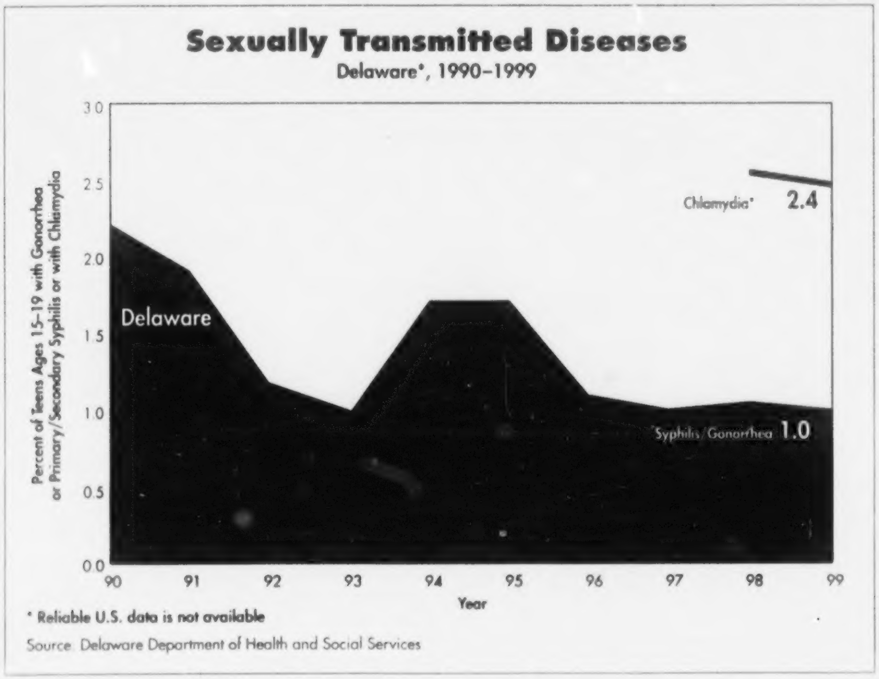
[1] Campaign for Our Children, Inc. Available from www.cfoc.org/5_educator/5_facts.cfm?Fact_ID=110&FactCat_ID=2

[2] "Tracking the Hidden Epidemics: Trends in the STD Epidemics." Center for Disease Control. Available from www.cdc.gov/nchstp/od/STD%20Trends.pdf

[3] "Tracking the Hidden Epidemics: Trends in the STD Epidemics."



Sexually Transmitted Diseases

Delaware*, 1990–1999

* **Reliable U.S. data is not available**

Source: Delaware Department of Health and Social Services

Chlamydia is a sexually transmitted disease with the highest prevalence in young adults and adolescents. It can cause a variety of long-term complications, including pelvic-inflammatory disease (PID), abnormal pregnancy, infertility and chronic pelvic pain in women and pneumonia in newborns. It is the most common communicable disease reported in the United States. In Delaware the percentage of teens with chlamydia is two and a half times higher than the percentage of teens with syphilis or gonorrhea.

Program Statement: Delaware strives to prevent high risk behaviors that lead to teen pregnancy and sexually transmitted diseases (STDs). As part of broad-based strategies to reduce risky behavior, any teen can receive basic contraceptive and disease prevention counseling when seen in STD or family planning clinics statewide, where free condoms are also available.

For more information see

In the KIDS COUNT Section:

Healthy Lifestyles	p.K-52
Table 73	p. K-95

Teen Deaths

Indicator: ***Rate of teen deaths by injury, homicide, and suicide (per 100,000 teens age 15–19)***

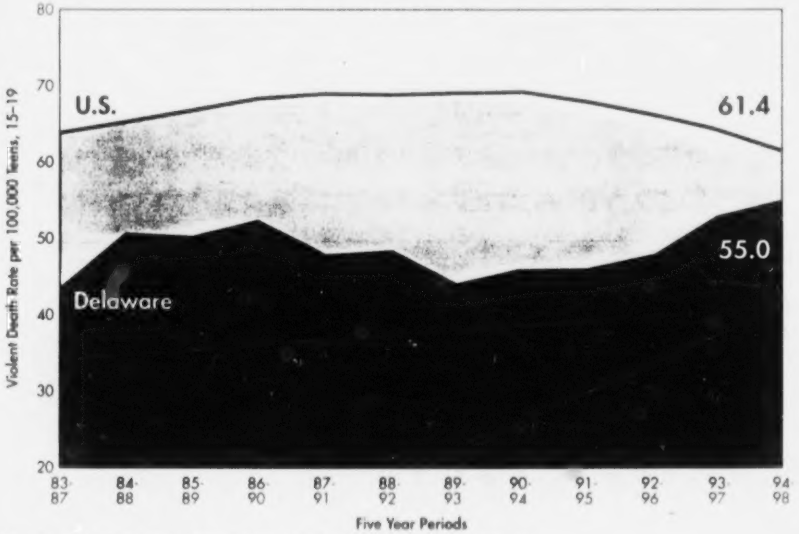
With teen violence on the rise, this indicator is frequently highlighted in the media. However, it is important to note that accidents continue to account for far more teen deaths that either homicide or suicide.[1]

Late adolescence poses serious peril to young people. Youth in this age group are almost three times as likely to die as their younger counterparts. With increasing freedom from adult supervision, some youths make choices that put themselves and others in mortal danger.[2] *Teenagers as a group are more willing to take risks, less likely to use safety belts and are more susceptible to the effects of alcohol. Teens with a history of psychiatric disorders, exposure to suicide, disruption of the family, and exposure to violence are at greatest risk for suicide.*[3]

1. Teen Deaths. (1998). *Indiana Kids Count 1998 Databook*
2. Teen Deaths. (1999). *Kids Count in Michigan: 1999 Databook*
3. Teen Deaths. (1998). *Alabama Kids Count 1998 Report*

Teen Deaths by Accident, Homicide, and Suicide

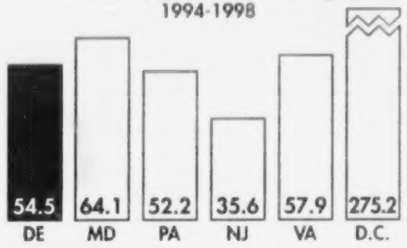
Delaware Compared to U.S.



Sources: Delaware Health Statistics Center, National Center for Health Statistics

Program Statement: Prevention activities are offered to teens where they are in schools and communities. School-based health center programs targeted to prevent deaths among teens include suicide prevention, alcohol and drug abuse prevention, violence prevention and conflict resolution, and counseling. Delaware's Family Service Cabinet Council coordinates many community-based prevention programs, including Family Service Partnerships, Strong Communities projects, and Prevention Networks.

Regional Comparison of Teen Death Rates per 100,000 teens (15-19) by Accidents, Suicides, and Homicides, Five Year Averages, 1994-1998



Sources: Delaware Health Statistics Center, National Center for Health Statistics*

For more information see

Substance Abuse	p. F-20-21
In the KIDS COUNT Section:	
Teen Deaths	p. K-26
Alcohol, Tobacco, and Other Drugs	p. K-50
Healthy Lifestyles	p. K-52
Table 25-26	p. K-75
Table 31-37	p. K-77-80

* Percentages vary due to different estimating procedures being used by different sources

Successful Learners

Goal: Children are prepared to enter school, progress to high school graduation and make successful transitions to adulthood. Increasing percentages go on to post-secondary education. Children with developmental disabilities or specific needs reach their full potentials.

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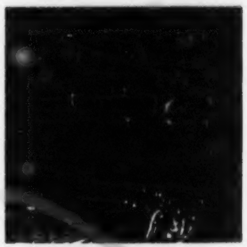
Early Intervention

Indicator: ***Percent of children ages birth to three receiving early intervention developmental delay/disability services***

Developmental delays/disabilities can seriously impact a person's ability to participate fully in life's activities. Developmental delays/disabilities can include: autism, deafness, deaf-blindness, hearing impairment, mental retardation, multiple disabilities, orthopedic impairment, emotional disturbance, learning disability, speech/language impairment, traumatic brain injury and/or visual impairment.[1] *With the implementation of IDEA's Early Intervention Program, infants and youth are entitled to state service programs to help address the needs of these children.*

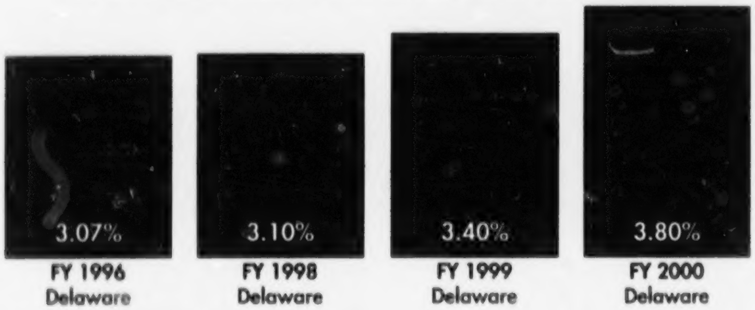
---

[1] Disabilities that qualify children and youth for special education services under IDEA (1997). National Information Center for Children and Youth with Disabilities.



Early Intervention

Percent of Children Aged 0–3 in the Early Intervention System, Delaware

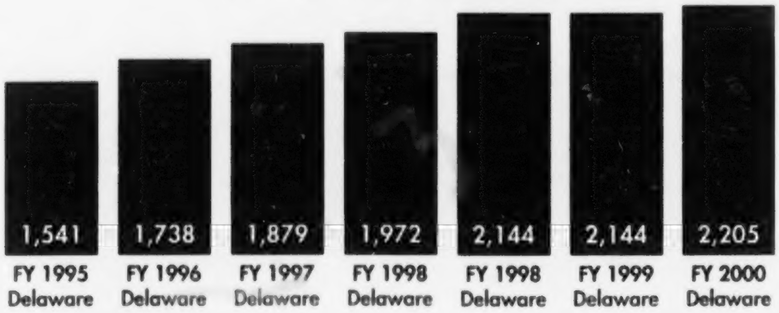


Source: Delaware Department of Health and Social Services

Note concerning comparison data: There are no comparable U.S. statistics since the eligibility criteria for early intervention varies from state to state, and the U.S. Office of Special Education has recently begun to report on Infants and Toddlers served under the Individuals with Disabilities Education Act. Please note that an April 1994 U.S. Department of Education report estimated that 2.2% of all infants and toddlers had limitations due to a physical, learning or mental health condition, but this may not include children with developmental delays and children with low birth weight who are also eligible in Delaware.

Child Development Watch

Total Children Served per Year, Delaware



Source: Early Intervention System

For more information see

Head Start and Early Childhood Assistance Program p. F-27

In the KIDS COUNT Section:

Early Care and Education p. K-40

Program Statement: Delaware provides extra help to infants and toddlers who need it. Child Development Watch (CDW) partners with families to serve children ages birth to three with disabilities and developmental delays. Through individualized service plans, CDW provides access to needed services, such as physical, occupational, and speech-language therapy, family training and counseling, and transportation.

Head Start and Early Childhood Assistance Program

Indicator: ***Rate of participation for eligible 4 year olds in Head Start and Early Childhood Assistance Program***

Common sense has always told us that babies benefit from an environment of love, nurturing, and stimulation. Now, new medical research confirms the notion that the experiences of children in the first three years of life determines, to a large degree, the brightness of their future.[1] *Children's brains show almost twice the activity of an adult brain until the age of ten. Therefore, high quality early education opportunities for young children are essential and need to be available to children in all of their environments, including child care outside of the home. Further studies indicate that the quality of child care is important because it is closely linked with children's social, cognitive, and language development. Children in high quality early childhood programs are more likely to be emotionally secure and self-confident, proficient in language use, able to regulate impulsive and aggressive inclinations, and advanced in cognitive development.*[2]

An ever increasing number of parents juggle work schedules and child care needs with availability of family financial and human resources to meet the demands of parental and employment responsibilities.[3] *One obstacle that many working parents encounter is the limited availability of affordable child care. Even when cost is not an insurmountable barrier, many families find that child care is simply not available at the times and places it is needed.*

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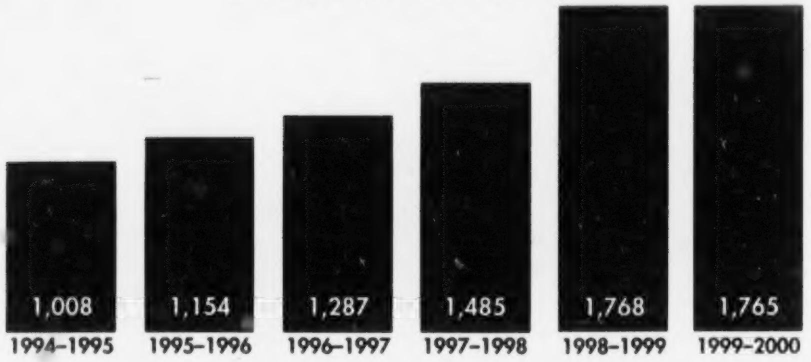
1 Colorado's Children's Campaign. (1998) *Kids Count in Colorado*
2 Tennessee Kids Count. (1999) *The State of the Child in Tennessee*
3 Michigan Kids Count. (1999) *Michigan Kids Count Databook 1999*

Head Start/ECAP

4-Year-Old Children Served in Delaware



	94–95	95–96	96–97	97–98	98–99	99-00
Estimated number of 4-yr.-olds in Head Start	855	865	886	931	925	922
Number of children in ECAP	153	289	401	554	843	843
Estimated number of 4-yr.-olds eligible	N/A	N/A	N/A	1,938	1,938	1,935
Percentage of 4-yr.-olds served	N/A	N/A	N/A	77%	91%	91%

Source: Delaware Department of Education

Program Statement: Delaware provides funding for comprehensive early childhood services for 4 year old children whose families are at or below 100% of poverty to complement existing Head Start programs that ensures opportunities for preschool education for all eligible children. Working collaboratively with federally-funded Head Start centers and other early care and education programs throughout the state, these Department of Education programs provide a full range of preschool, health, developmental, and other family support services.

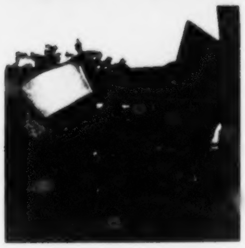
For more information see
Early Intervention p. F-26
In the KIDS COUNT Section:
Early Care and Education p. K-40

Student Achievement

Indicator *Percent of third, fifth, eighth, and tenth graders at or above the standard for reading*

Indicator *Percent of third, fifth, eighth, and tenth graders at or above the standard for math*

The extent and content of students' knowledge, as well as their ability to think, learn, and communicate, affect their ability to succeed in the labor market well beyond their earning of a degree or attending school for a given number of years. On average, students with high test scores will earn more and will be unemployed less often than students with lower test scores.[1] *Math and reading achievement test scores are important measures of students' skills in these subject areas, as well as good indicators of achievement overall in school.*[2]



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[1] Decker, P.T., Rice, J.K., Moore, M.T., and Rollefson, M. (1997). *Education and the economy: An indicators report.* Washington, D.C: National Center for Education Statistics.

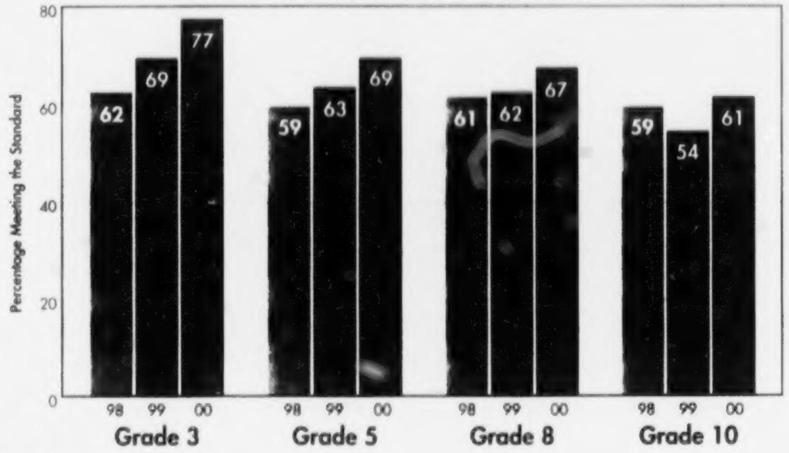
[2] Federal Interagency Forum on Child and Family Statistics. *America's Children: Key National Indicators of Well Being, 1999.* Washington, D.C.

Delaware State Testing Program

The Delaware State Testing Program (DSTP), designed by Delaware educators, measures how well students are progressing toward the state content standards. The program is one part of a much larger and richer effort by the educational community to ensure a high quality education for each and every student in Delaware. The DSTP will assist Delaware educators in determining the degree to which we are achieving the goal. The score reports from this second year of the DSTP will give each school a sense of where they stand in their efforts to help all students meet the standards.

Reading Proficiency

Delaware State Testing Program



Source: Department of Education

DSTP Proficiency Levels – Delaware State Testing Program

Students receive scores indicated by the following levels:

Level	Category	Description
5	Distinguished	Excellent performance
4	Exceeds the standard	Very good performance
3	Meets the standard	Good performance
2	Below the standard	Needs improvement
1	Well below the standard	Needs lots of improvement

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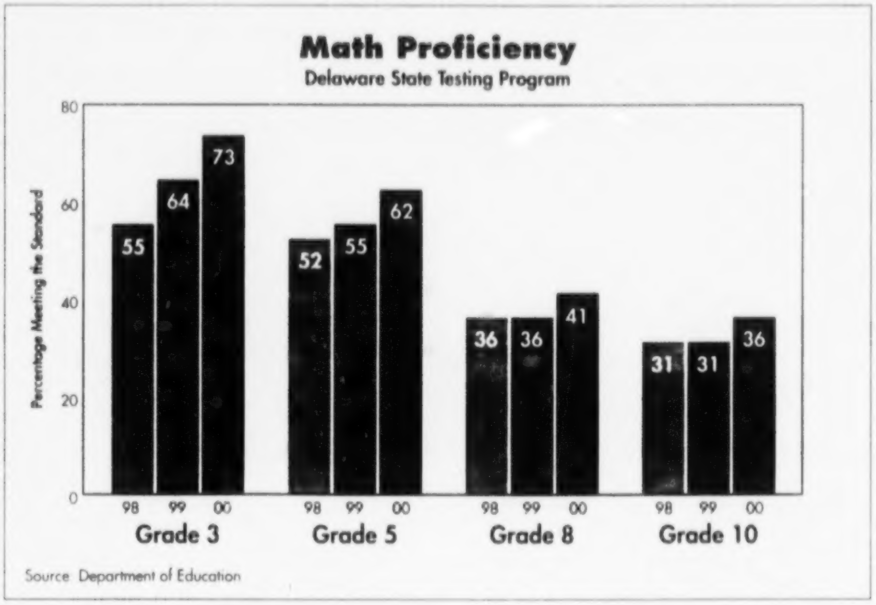
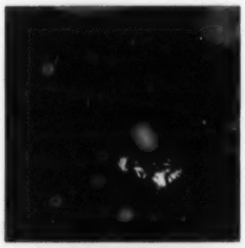
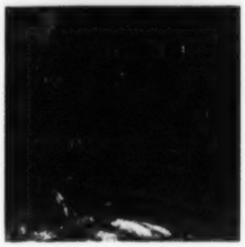

Math Proficiency

Delaware State Testing Program

Source: Department of Education





The Building Blocks of Delaware's Education Plan

1. Ensuring children enter school ready to learn
2. Requiring accountability
   - Setting high standards in core academic subjects
   - Measuring performance of schools and school districts
   - Setting standard and providing incentives for teachers to excel
3. Guaranteeing safe, disciplined schools
4. Empowering parents through school choice, charter schools, and school-based decision making
5. Equipping schools with technology to support excellence in instruction
6. Providing education and training for work and life

Guiding Principles of Delaware's Accountability Plan

The most important function of the Delaware public school system is to produce graduates with outstanding skills and knowledge in the core academic subjects – English/language arts, math, science and social studies.

- Reading is the most important learning skill. The second most important learning skill is math.
- The social promotion of students deficient in reading and math is wrong and must end.
- Students who perform well should receive recognition for high achievement.
- Delaware should provide rewards for high-performing schools and consequences for holding poorly performing schools accountable.
- New teachers should meet pre-service standards, and the performance of all teachers should be evaluated at the local level.
- Local school districts should remain primarily responsible for professional and staff development.

For more information see

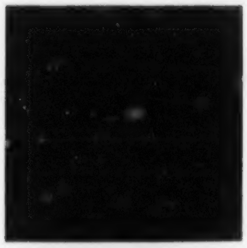
High School Dropouts	p. F-31
In the KIDS COUNT Section:	
High School Dropouts	p. K-30
Tables 40-45	p. K-81-83

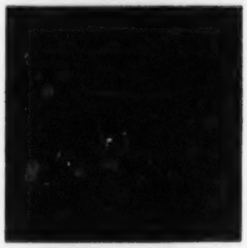
Teens Not in School and Not Working

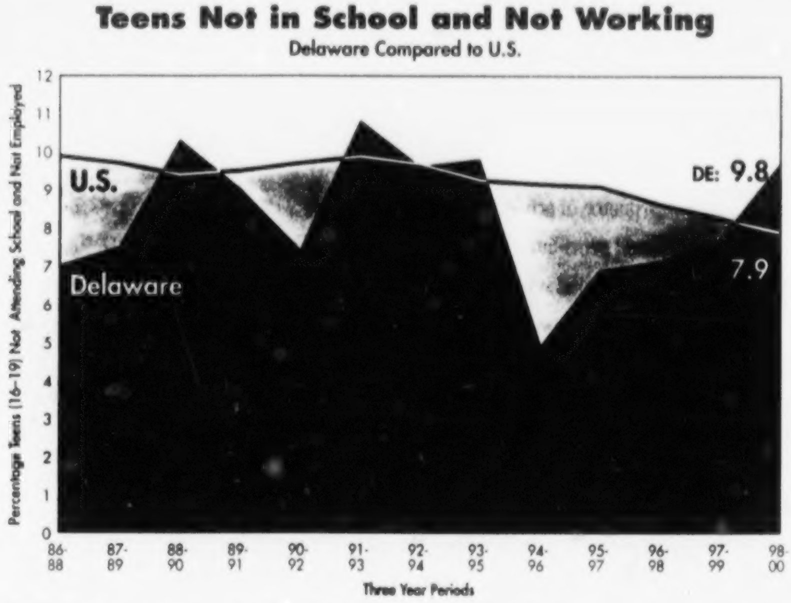
Indicator: *Percent of teens age 16–19 not attending school and not working*

The indicator "teens not in school and not working" is defined as youths ages 16-19 who are not enrolled in school and are unemployed. This indicator includes recent high school graduates who are unemployed and teens who have dropped out of high school who are jobless. Work experience at this point in life is critical. People who spend a large share of their young adult years unemployed have a hard time finding and keeping a job later in life. [1]

Teens who are not in school and are not working are at increased risk of juvenile delinquency, substance abuse, juvenile crime, teen pregnancy, and lifelong poverty. Teens who have dropped out of high school are most vulnerable and at greatest risk. Gaps in schooling and lack of general preparation for the workforce also place teens at considerable risk as they make the difficult transition from adolescence to adulthood. [2]







Teens Not in School and Not Working

Delaware Compared to U.S.

Source: Center for Applied Demography and Survey Research, University of Delaware

For more information see

Student Achievement	p. F-28
High School Dropouts	p. F-31
Unemployment	p. F-50
In the KIDS COUNT Section:	
High School Dropouts	p. K-30
Teens Not in School and Not Working	p. K-32
Tables 46-47	p. K-84
Table 65	p. K-92

Program Statement: In partnership with the Department of Education, the Division of Vocational Rehabilitation (DVR) operates a program to reduce the number of dropouts from secondary school and to assist students with disabilities transition from school to work. Two DVR counselors work with a team in each of the nineteen districts to develop individualized educational plans for students with disabilities. Through this effort, the Division intends to increase by 10% annually, the number of students who transition from education to employment over the next three years. In addition, The Department's overall School to Work efforts include partnerships with the Delaware Technical and Community College and local school districts to develop career pathways leading to successful work experiences.

---

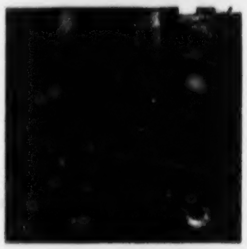
[1] Teens not in school and not working (1999) *National Kids Count Data Book*

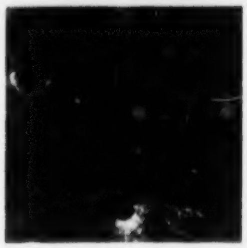
[2] Teens not in school and not working (1998) *Nevada Kids Count Databook*

High School Dropouts

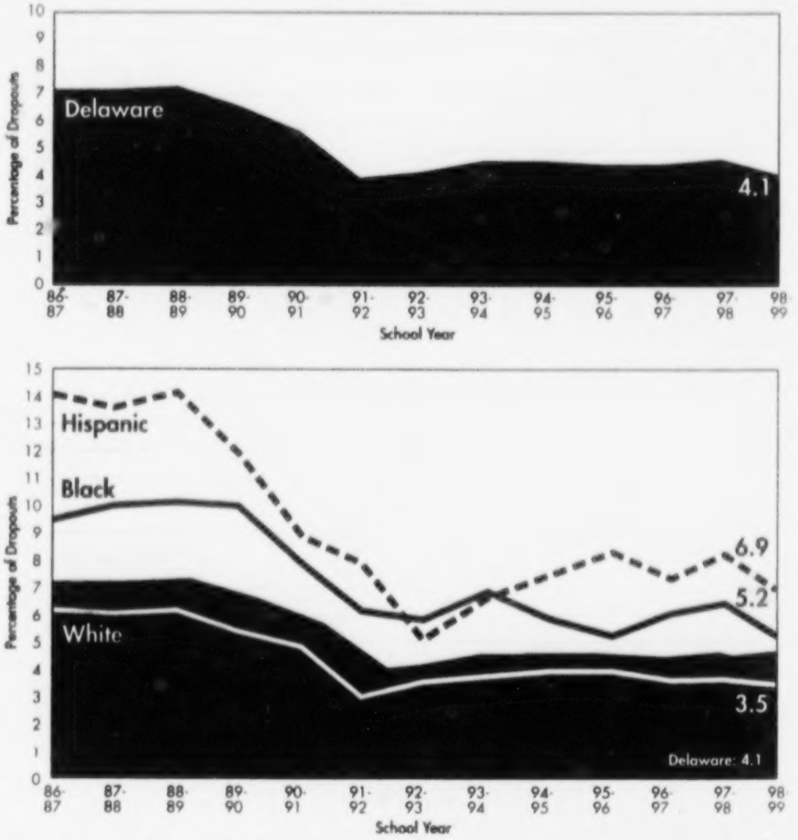
Indicator: *Percent of high school dropouts*

Students who drop out of high school face staggering odds in achieving economic success in the modern world. High school graduation is a minimum prerequisite to compete effectively in today's labor market.[1] Education is one of the most important factors that determines annual earnings that, in turn, are a direct link to one's socioeconomic status.[2] Students are more likely to drop out of school when they are poor, when they live in poor communities, or when they come from single-parent homes.[3] Potential warning signs that a child may drop out of high school include the inability to read at grade level, poor grades, truancy, substance abuse, and teen pregnancy.[4]





High School Dropouts
Delaware, Delaware by Race and Ethnicity



Source: Department of Education, State of Delaware

Program Statement: The reduction of Delaware's high school dropout rate is a strong objective of several programs supported through the Department of Education. For example, Groves Adult High School is a statewide program designed for adults and out-of-school youth that have not received a high school diploma. The state has also funded alternative programs for students who have been or are close to being expelled.

---

[1] High school dropouts. (1998) *Nevada Kids Count Data Book*

[2] U.S. Department of Education, National Center for Education Stats. (1998, November 3). Education indicators: an international perspective

[3] Annie E. Casey Foundation. (1998). Kids Count Data Book

[4] Children's Defense Fund. (1995). The State of America's Children Yearbook

For more information see

Student Achievement	p. F-28
Teens Not in School and Not Working	p. F-30
Unemployment	p. F-50

In the KIDS COUNT Section:

Infant Deaths by Education of Mother	p. K-23
High School Dropouts	p. K-30
Teens Not in School and Not Working	p. K-32
Suspension and Expulsions	p. K-33
Tables 40-45	p. K-81-83

philadelphia
PHILLIES

Resourceful Families

Goal: Families have the educational, housing, health care, employment, and economic resources to be self-sustaining and self-sufficient at all stages in their family life cycle.

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Children in Poverty

Indicator: *Percent of children living in poverty*

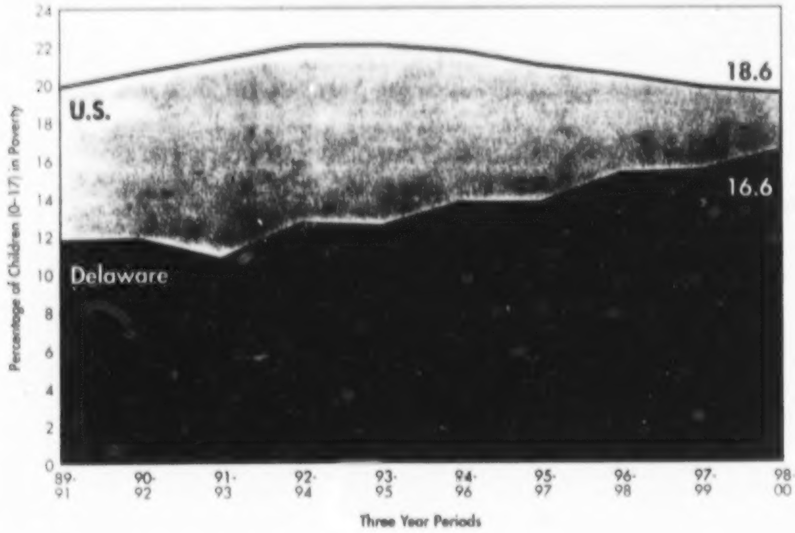
Poverty is related to all of the Families Count indicators. It is defined as the condition of not having enough income to meet basic needs for food, clothing, and shelter.[1] The 1999 poverty threshold for a family of four was $16,895 per year. Poverty has been found to be linked to a number of undesirable outcomes for children, including health, education, child abuse and neglect, delinquency, and emotional well-being.[2] Children who live in single-parent families with poorly educated, relatively young, minority race, or disabled adults are more likely to be poor and to experience longer poverty spells than children who do not live in such families.[3]

---

1. Future of children, the effects of poverty on children. (1997 Summer Fall). *The Center of the Future on Children*, 7(2).
2. Children in poverty. (1999). *Kansas Kids Count Databook*
3. Center for the Future of Children, The David and Lucile Packard Foundation. (1997). The Future of Children: Children and Poverty, 7(2).

Children in Poverty

Delaware Compared to U.S.



Source: Center for Applied Demography and Survey Research, University of Delaware

Program Statement: Delaware provides a safety net for the poor and is constantly striving to lift families out of poverty. Through Delaware's A Better Chance Welfare Reform Program, Delaware helps the parents of children in the poorest families get and keep jobs. The state also helps pay for child care and provides health coverage for families with incomes up to twice the poverty level, and requires parents to make timely child support payments.

For more information see

Health Care Coverage (Children)	p. F-19
Female Headed Household in Poverty	p. F-38
Child Support	p. F-39
Risk of Homelessness	p. F-40
Health Care Coverage (Families)	p. F-41
Unemployment	p. F-50
Substandard Housing	p. F-56
Home Ownership	p. F-57
In the KIDS COUNT Section:	
Children in Poverty	p. K-34
Median Income of Families by Family Type	p. K-36
Subsidized Child Care	p. K-41
Women and Children Receiving WIC	p. K-44
Children Receiving Free and Reduced Price School Meals	p. K-45
Children without Health Insurance	p. K-46
Tables 48-62	p. K-85-90

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One-Parent Households

Indicator: *Percent of children ages 0–17 in one-parent households*

Children living in single-parent families do not have the same resources and opportunities as those living in two-parent families.[1] When the single parent is a woman, the risk of sinking into poverty is significantly greater due to the wide earnings gap between men and women in the United States. Many single mothers also receive insufficient child support, which puts their children at greater risk for all the adverse outcomes linked to poverty.[2]

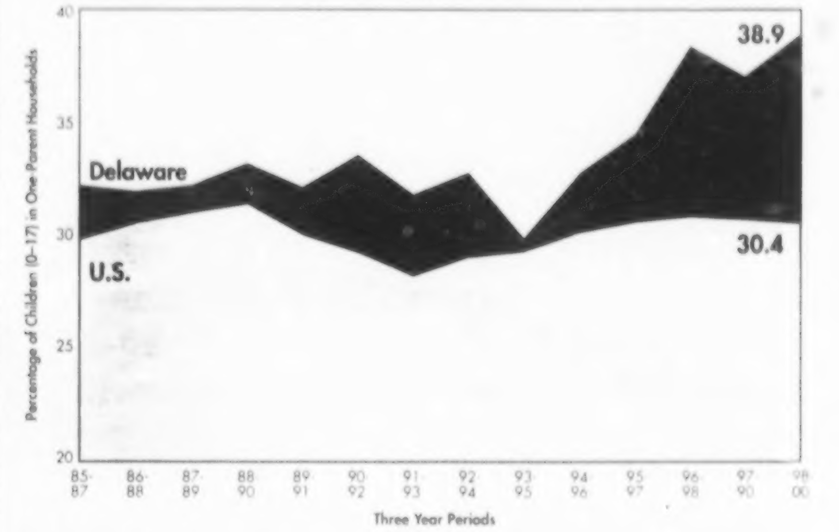
High divorce rates and high non-marital birth rates indicate that a record number of children are growing up without fathers in their lives. For the first time in history, the average child can expect to live a significant portion of his or her life in a home without a father.[3]

---

1. U.S. Bureau of Census (1997). *Census Brief:* Children with single parents - how they fare. U.S. Department of Commerce, Bureau of the Census. Washington, D.C.
2. Corcoran, Mary E. and Ajay Chaudry (1997). The dynamics of childhood poverty. *The Future of Children: Children and Poverty.* The David and Lucile Packard Foundation, Los Altos, CA. Vol. 7, No. 2, Summer/Fall.
3. Tennessee Kids Count. 1999. *The State of the Child in Tennessee.*

Children in One-Parent Households

Delaware Compared to U.S.



Source: Center for Applied Demography and Survey Research, University of Delaware

Program Statement: Delaware supports single-parent families through programs that

- enforce child support payments,
- offer subsidized child care,
- provide health insurance coverage through Medicaid and the Delaware Healthy Children Program,
- discourage teen pregnancy, and
- provide a wide variety of employment supports that include
  - assistance with finding and maintaining employment,
  - accessing transportation services,
  - increasing earnings, and
  - obtaining benefits.

For more information see

Female Headed Households in Poverty	p. F-38
Child Support	p. F-39
In the KIDS COUNT Section:	
Birth to Unmarried Teens	p. K-19
Infant Mortality by Marital Status of Mother	p. K-23
Children in Poverty by Household Structure	p. K-36
Children in One Parent Households	p. K-38
Table 9	p. K-62
Table 18	p. K-70
Tables 58-64	p. K-89-91

Teen Births

Indicator: ***Teen birth rate per 1,000 females age 15–17***

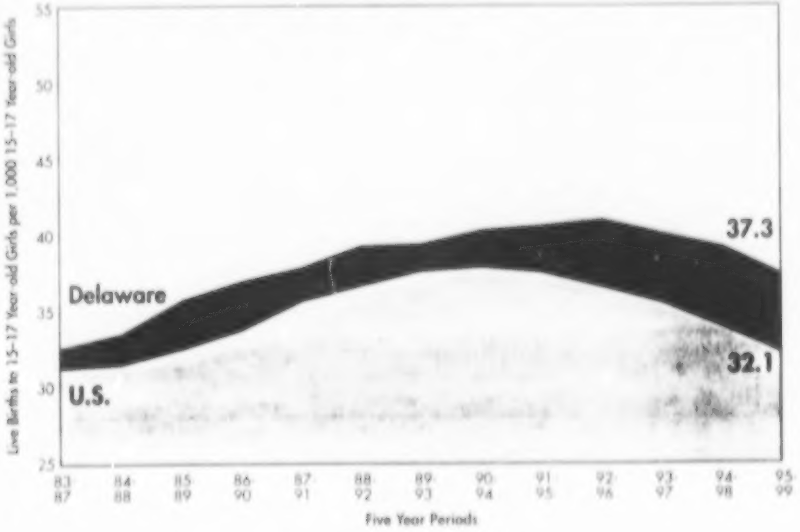
When teens have children, both mothers and babies suffer negative consequences. Teen mothers often lack the appropriate parenting skills and find it difficult to cope with the stresses of parenthood, particularly if they lack support of either the fathers of their children or of their families[1].

Often, the demands of fulfilling a parental role interferes with the teen mother's opportunity for peer relationships as well as the opportunity to develop her own sense of self-identity, a crucial development process for many individuals during their adolescent years[2].

Infants born to teenage mothers tend to have lower birth weights and experience higher rates of premature delivery and infant mortality. As they grow older, these children are more likely to be injured or become ill, have academic and behavioral problems in school and become teenage parents themselves[3].

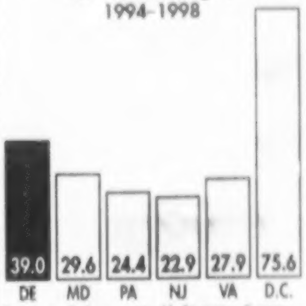
Birth to Teens 15–17

Delaware Compared to U.S.



Sources: Delaware Health Statistics Center, National Center for Health Statistics

Regional Comparison of Teen Birth Rates (15–17) per 1,000 15–17 Females, Five Year Averages, 1994–1998



Sources: Delaware Health Statistics Center, National Center for Health Statistics*

Program Statement: Through the Teen HOPE program, Delaware provides one-on-one and group counseling in seven School-Based Health Centers and seven community sites. At-risk teens are identified through negative pregnancy tests, positive STD tests, a history of substance abuse, and other risk factors. In Northeast Wilmington, BRIDGES, a fully coordinated youth program, combines academic and entrepreneurial development components with intensive counseling. The goal is to improve educational and economic opportunities while decreasing risky behaviors.

---

[1] Births to teens. (1998). Kentucky Kids Count. *1998 Data Book*

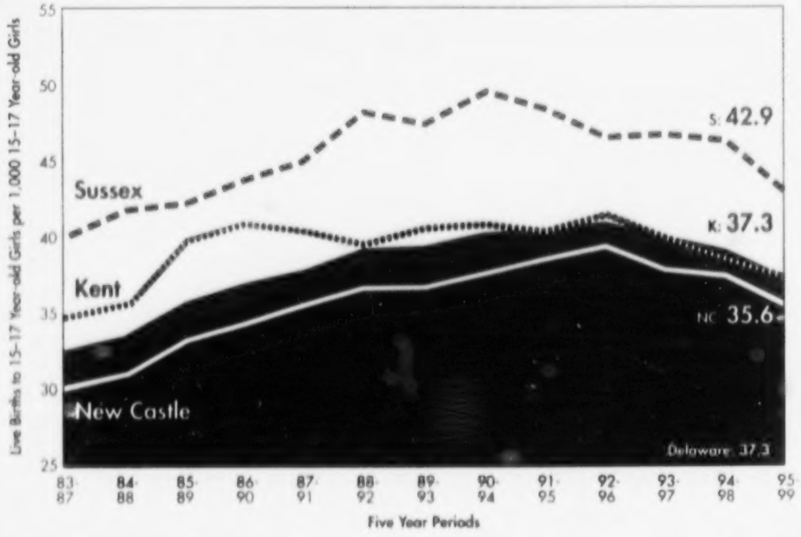
[2] Births to teens. (1999). Kansas Kids Count. *1999 Data Book*

[3] Births to teens. (1998). *Alabama Kids Count Report, 1999*

* Percentages vary due to different estimating procedures being used by different sources.

Birth to Teens 15-17

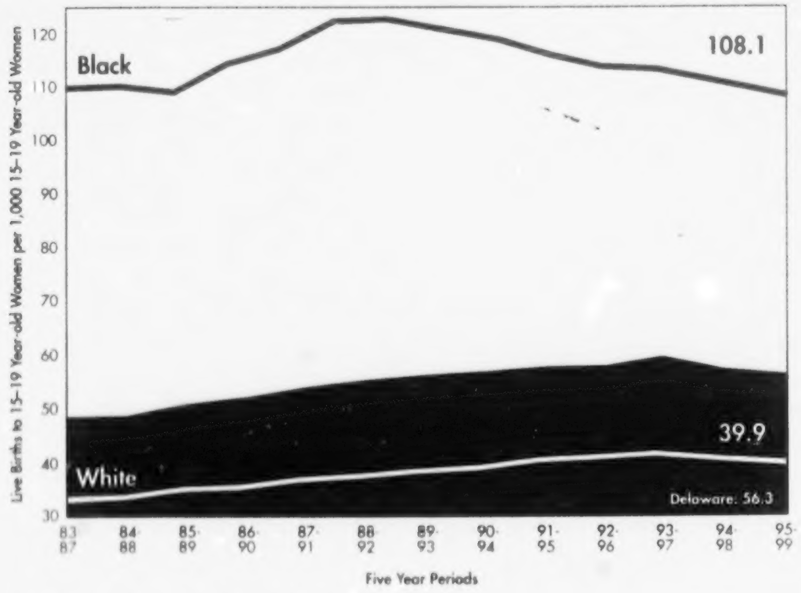
Delaware and Counties



Sources: Delaware Health Statistics Center

Births to Teens 15-19*

Delaware by Race



* 15-17 year old population data by race is currently unavailable

Sources: Delaware Health Statistics Center

For more information see

Sexually Transmitted Diseases	p. F-22
One-Parent Households	p. F-35
In the KIDS COUNT Section:	
Birth to Teens 15-17	p. K-18
Birth to Unmarried Teens	p. K-19
Low Birth Weight by Age and Race of Mother	p. K-21
Infant Mortality by Age of Mother	p. K-23
Children in Poverty by Household Structure	p. K-35
Children in One-Parent Households	p. K-38
Tables 6-10	p. K-60-63
Tables 13-14	p. K-65-66
Table 21	p. K-72

Female-Headed Households in Poverty

Percent of families in poverty with female single head of household and children under 18

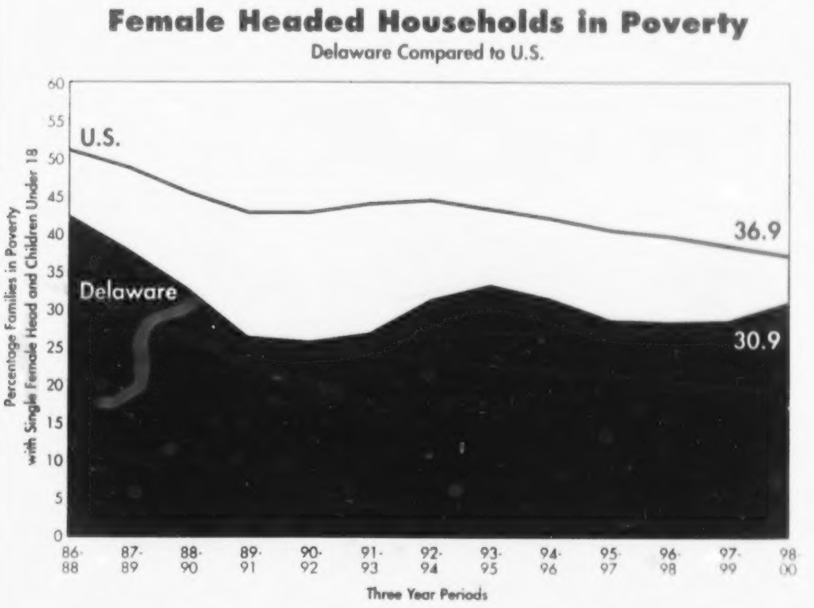
Many children today are living with only one parent, and the majority of those single-parents are female. According to a recent Census Brief, seven million children live with unemployed single mothers.[1] *Children born to single mothers out of wedlock, are 1.7 times more likely to be poor than those born to married parents. Several indicators play a role in the likelihood of a child living in poverty: the mother's education, work status, and/or the presence of other adults in the household.*[2] *The income of the poorest twenty percent of female-headed families with children fell an average of $580 per family between the years of 1995 and 1997. This amount includes the use of food stamps, housing subsidies, the Earned Income Tax Credit, and other benefits.*[3]

---

[1] Children with single parents. How they fare (1997). Census Brief US Dept. of Commerce

[2] Assessing the New Federalism. Poverty among Children Born Outside of Marriage Preliminary Findings from the National Survey of America's Families Urban Institute Dec 1999

[3] The Initial Impacts of Welfare Reform on the incomes of Single-Mother Families. Center on Budget and Policy Priorities 1999


Female Headed Households in Poverty
Delaware Compared to U.S.
Percentage Families in Poverty with Single Female Head and Children Under 18
60
55
50
45
40
35
30
25
20
15
10
5
0
U.S.
36.9
Delaware
30.9
86-88
87-89
88-90
89-91
90-92
91-93
92-94
93-95
94-96
95-97
96-98
97-99
98-00
Three Year Periods

Source: Center for Applied Demography and Survey Research, University of Delaware

For more information see

One Parent Households	p. F-35
Child Support	p. F-39
In the KIDS COUNT Section:	
Children in Poverty by Households Structure	p. K-36
Children in One-Parent Households	p. K-38
Table 9	p. K-62
Table 50	p. K-85
Tables 58-63	p. K-89-90

Program Statement: Although Delaware's child poverty rate is lower than the national average, we strive to eliminate poverty for families, especially those with single parents. Through programs that enforce child support payments, offer subsidized childcare and other employment supports, and discourage teen pregnancy, we hope to provide a stable environment for children to thrive.

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Child Support

Indicator: *Percent of child support that is paid*

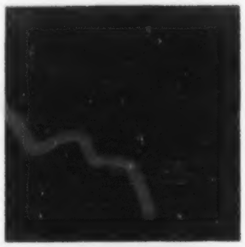
According to the most recent current population report, nearly three out of every ten children live in a single-parent household.[1] *Often these parents need added financial support in the form of child support to provide for their children. Eighty-five percent of these custodial parents are women, who typically earn less than their male counterparts in the workforce.*[2] *Unfortunately being awarded child support payments via the court does not guarantee that the custodial parent will actually receive their payments, thus creating the need for child support enforcement agencies. Of the $17.7 billion due in child support in 1991, only $11.9 billion was actually paid to custodial parents.*[3]

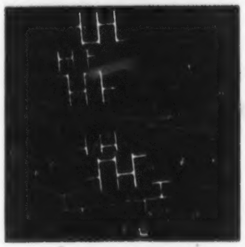
---

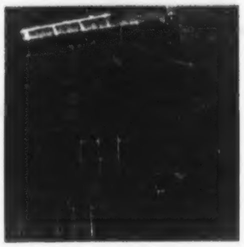
[1] *Child Support for Custodial Mothers and Fathers: 1995* Current Population Reports US Dept. of Commerce Mar 1999

[2] ibid

[3] Who Receives Child Support? (1995) Bureau of the Census Statistical Brief

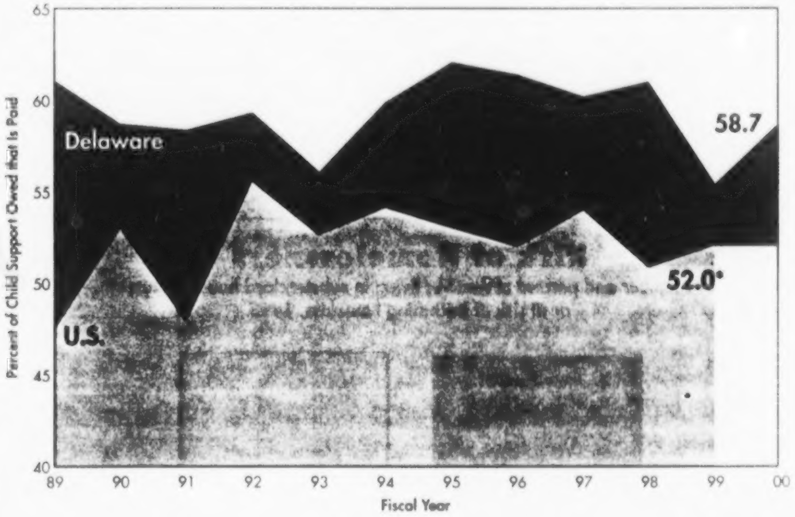






Child Support that Is Paid

Percent of Child Support Owed that Is Paid
Delaware Compared to U.S.



* U.S. Data for 1999 and 2000 is not available

Source: Office of Child Support Enforcement - 158 Report and Child Support Enforcement Annual Report to Congress

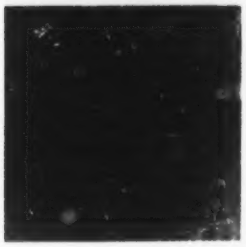
Program Statement: In Delaware, the financial responsibility for children belongs to both parents. The Division of Child Support Enforcement enforces court orders that require the absent parent to provide payment to the custodial parent. The Division assists in establishing paternity and support orders and enforces collections through wage withholding and a variety of federally approved or mandated methods.

For more information see
In the KIDS COUNT Section:
Table 63 p. K-90

Risk of Homelessness

Indicator *Percent of families at risk of becoming homeless or living in substandard housing units*

On any given night an estimated 750,000 Americans experience homelessness.[1] Although stereotypes suggest that most homeless people are elderly men, the fastest growing group of homeless people is families with young children. Several factors increase a person's risk of homelessness: lack of affordable housing, extremely low income, lack of social services, psychiatric disability, substance abuse, domestic violence, chronic illness, history of confinement in prisons and/or psychiatric hospitals, weak and overdrawn support networks of family and friends.[2] Today there are twice as many low-income families as there are affordable housing units. This increases the risk of homelessness for families with young children.



Homelessness poses an even greater danger to young children. The McKinney Education of Homeless Children and Youth Act was established in Congress in 1987.[3] This has helped states to ease the burden of enrolling homeless children into schools. Being homeless makes it very difficult to register for school, pay school fees, buy clothing for school, participate in afterschool activities or to access before and after school care programs.[4] Once enrolled in school, children face the insurmountable task of trying to catch up to their fellow students. They lack a safe, quiet environment to study and complete their homework. Often homeless children change schools frequently, making it difficult for schools to obtain transcripts and immunization records.

---

[1] Facts about homelessness. National Alliance to End Homelessness 1998. Available from www.endhomelessness.org

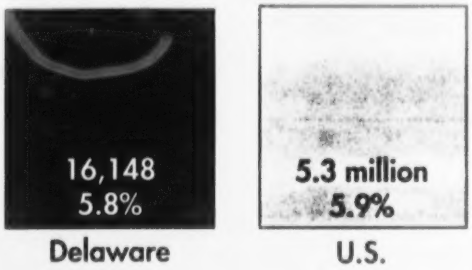
[2] Priority home!: the federal plan to break the cycle of homelessness. March 1994

[3] Education of homeless children and youth. National Coalition for the Homeless June 1999

[4] Education of homeless children and youth. National Coalition for the Homeless June 1999

Risk of Homelessness

Number and percent of families living in substandard housing units or at risk of becoming homeless, 1995



Source: Delaware State Housing Authority

Program Statement: Delaware knows that families need more than just a temporary roof over their heads when they are facing homelessness. They need security along with hand-in-hand assistance in picking up the pieces that stabilize their lives and help them get back on the road to independence. Where possible, Delaware State Housing Authority makes every attempt to rescue not just the family, but also the substandard homes, by providing funds that repair the health and safety hazards pushing families toward homelessness. Delaware State Housing Authority also helps to bridge the gap between that state's network of homeless providers to jointly create one seamless, holistic continuum of care on which homeless families can rely to take care of their immediate needs, while helping them rebuild their lives. By pooling resources, and preventing or solving the problems behind homelessness, Delaware makes full recovery realistic for families facing the scariest of times.

For more information see

Substandard Housing	p. F-56
Home Ownership	p. F-57
In the KIDS COUNT Section:	
Table 57	p. K-88

Health Care Coverage

Indicator: *Percent of persons under age 65 who do not have health care coverage*

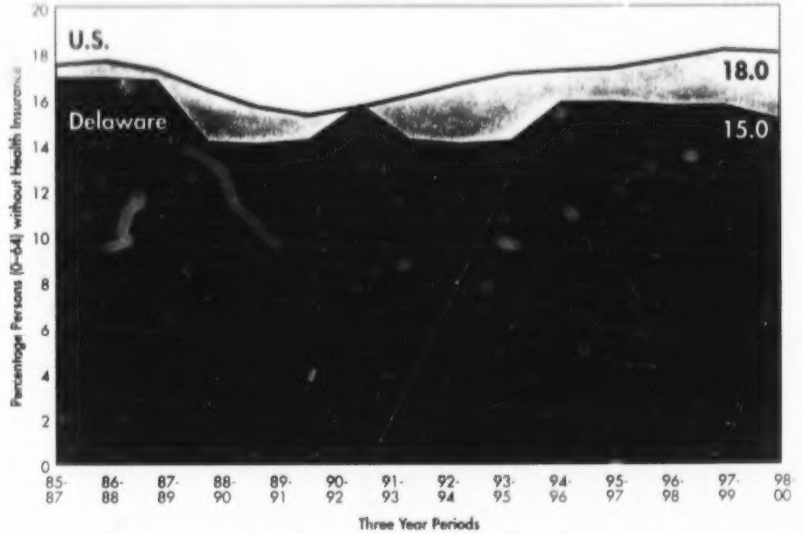
According to the Kaiser Commission on Medicaid and the Uninsured many Americans determine the extent of their health care coverage based on the availability of insurance. Uninsured Americans often opt to self-medicate and self-diagnose symptoms rather than visit a doctor because the costs are too high. Children without insurance are 30% less likely to receive medical treatment for injuries than those with insurance.[1] *Often more serious health problems can be avoided by visiting a doctor.*

---

[1] Hoffman, Catherine and Alan Schlobohm (2000). Uninsured in America: A chart Book. 2nd ed.

Lack of Health Care Coverage

Delaware Compared to U.S.



Source: Center for Applied Demography and Survey Research, University of Delaware

Program Statement: In Delaware all citizens living below the poverty level have access to health insurance. The Diamond State Health Plan insures low-income adults and children, giving them access to needed medical prevention and treatment services. The Delaware Healthy Children Program provides low-cost coverage to children in families with income up to twice the poverty level, extending coverage to more children of the working poor.

For more information see

Health Care Coverage (Children)	p. F-19
In the KIDS COUNT Section:	
Asthma	p. K-48
Children without Health Insurance	p. K-46
Table 54-55	p. K-87-88

Nurturing Families

Goal: Families will provide a nurturing environment for all members free of violence, neglect, and abuse.

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Child Abuse

Indicator

Children with substantiated reports of abuse or neglect per 1,000 children ages birth through 17

Accepted reports of abuse and neglect per 1,000 children ages birth through 17

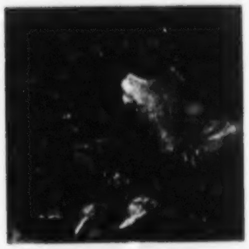
According to the 1998 National Child Abuse and Neglect Reporting System an estimated 903,000 children suffered from maltreatment.[1] More than half of these cases were instances of neglect, while 22.7% suffered physical abuse.[2] The highest victimization rates were for children ages 0-3 years old. There are several forms of abuse: physical, emotional, sexual, and/or neglect. Abuse and neglect can lead to short and long-term psychological and physical impacts such as violence, incarceration and mental illness.[3]

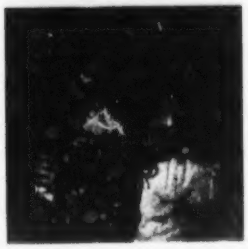
---

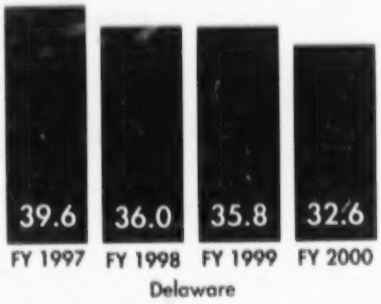
[1] "Child Abuse and Neglect National Statistics" US Department of Health and Human Services

[2] ibid

[3] Trends in the Well-being of America's Children and Youth, US Department of Health and Human Services



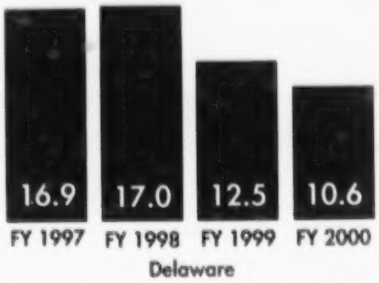




Child Abuse Reports

Accepted reports of abuse and neglect per 1,000 children ages birth through 17

Source: Delaware Department of Services for Children, Youth and Their Families



Child Abuse & Neglect

Children with substantiated reports of abuse or neglect per 1,000 children ages birth through 17

Source: Delaware Department of Services for Children, Youth and Their Families

Program Statement: The state has several programs to intervene early to help prevent child behavior or family problems from escalating to the point where abuse or neglect would become more probable.

K-3 Early Intervention Program – This early intervention program is for children in kindergarten through third grades who are having behavioral or family problems that are interfering with their success in school. School-based Family Crisis Therapists work with the children and their families through one-on-one and group counseling, parent training programs, and other services to address and resolve the sources of the behavior or family issues.

Families and Schools Together (FAST) – This prevention program aims at reducing the risks of school failure, juvenile delinquency, and substance abuse in adolescents for children in grade schools and their families. The program includes parent education and family activity components aimed at enhancing family functioning and decreasing problematic child behaviors.

Families and Centers Empowered Together (FACET) – FACET is a prevention program for parents of pre-schoolers in licensed child care centers in neighborhoods with high rates of teenage parenthood, substance abuse, economic disadvantage, stress and crime. Parents participate in alcohol/drug awareness activities, parent education/support groups, life skills, health and education workshops, and family activities.

(Continued on next page)

For more information see

Child Deaths	p. F-18
Children in Out-of-Home Care	p. F-45
In the KIDS COUNT Section:	
Child Deaths	p. K-24
Child Abuse	p. K-54
Table 24	p. K-74
Table 74	p. K-96

Out-of-Home Care

Indicator: *Children in out-of-home care per 1,000 children*

Nearly half a million children are currently enrolled in out-of-home care. Out-of-home placements include non-relative foster homes, relative foster homes, specialized foster homes, group homes, shelter care, residential treatment centers, and medical facilities. The fastest growing groups of foster care children are those under the age of four who have medical complications and/or physical and mental limitations.[1] Many of these children enter the system because of abuse or neglect. Caring for these children places a great strain on the system. Many foster care parents do not want to care for children with special needs and those who are willing to take them in do not have adequate training to handle the complications that may arise with a child who has special needs.[2]

Recently Congress created the Foster Care Independence Act of 1999 to address another crucial issue in the foster care system-aging out. An average of 25,000 foster care children "age out" (turn 18) of the system and are removed from their foster care homes. Many of these youth lack access to job training programs, health care, and/or support networks upon leaving the out-of-home care system.[3] The Foster Care Independence Act of 1999 offers help during this transition period.[4] It allows states to provide Medicaid coverage up until the age of 21, for youth that were still in foster care on their 18th birthday. It also increases the amount of funding states have for adoption incentives to help them find more permanent homes for youth. It increases funding for training of foster care parents and social workers so that they are more adequately prepared to deal with the growing population of special needs children.

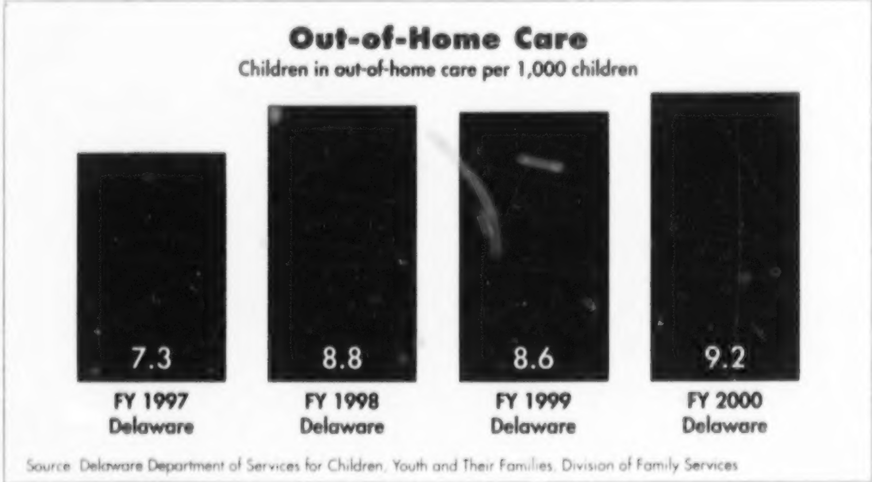
---

1 What you may not know about foster care! Available from www.connectforkids.org

2 ibid

3 ibid

4 *Frequently Asked Questions About the Foster Care Independence Act of 1999 and the John H. Chafee Foster Care Independence Program* National Foster Care Awareness Project Feb 2000



Source: Delaware Department of Services for Children, Youth and Their Families, Division of Family Services

Program Statement: *(Continued from previous page)*

Promoting Safe and Stable Families – This program is aimed at strengthening community services infrastructure by providing family preservation and support services at seven community and school-based sites across the state. Family Resource Coordinators at each site assist families with service referrals, parent education, child care and recreational programs, and job search assistance.

For more information see

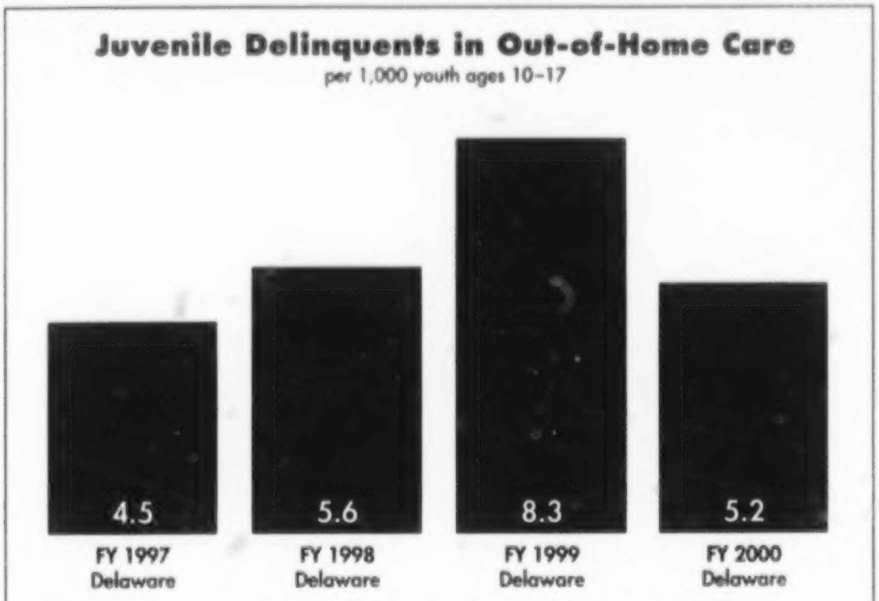
Child Abuse	p. F-44
Juvenile Delinquents in Out-of-Home Care	p. F-46
In the KIDS COUNT Section:	
Child Abuse and Neglect	p. K-54
Table 75	p. K-96

Juvenile Delinquents in Out-of-Home Care

Indicator: *Juvenile delinquents in out-of-home care per 1,000 youth ages 10 through 17*

Risk factors for juvenile crime and delinquency include a lack of educational and job training opportunities, poverty, family violence, and inadequate supervision. Serious violent juvenile offenders seem to begin showing criminal tendencies at a young age and continue on until their late teens or adulthood.[1] Some of those tendencies are acts of aggression, dishonesty, property offenses and conflict with authority figures. In 1997, Delaware had a total of 223 youth living in out-of-home care as a result of delinquent behavior.[2] Research suggests that the current juvenile justice system does not hold youths publicly accountable for their behaviors which can lead to increased delinquency.[3]

1. Foote (1997). Expert panel issues report on serious and violent juvenile offenders. Office of Juvenile Justice and Delinquency Prevention
2. Sickmund and Wan (1999). Census of Juveniles in Residential Placement: 1997 Databook
3. Foote (1997). Expert panel issues report on serious and violent juvenile offenders. Office of Juvenile Justice and Delinquency Prevention



Source: Delaware Department of Services for Children, Youth and Their Families; Statistical Analysis Center

Program Statement: Some examples of programs used by the state to prevent continuing delinquency by youth on probation or community supervision in lieu of or on return to the community from an out-of-home placement are:

Project Stay Free – The Kingswood Community Center Project Stay Free is an intensive supervision program for youth on probation at high risk of re-offending. The program provides 24-hour, 7-day per week monitoring for 48 youth with electric monitoring for up to 10 youth.

Back on Track – This contracted prevention program through the YMCA Resource Center is for probation youth at low risk of re-offending and consists of five educational program components and supervised community service projects.

Multi-Systematic Therapy Program (MST) – This intensive home-based intervention program focuses on a youth's family, peer, and school relationships to reduce the environmental risks for juveniles at high risk of re-offending.

For more information see

Out-of-Home Care	p. F-45
Juvenile Violent Crime	p. F-53
In the KIDS COUNT Section:	
Juvenile Violent Crime Arrests	p. K-28
Table 27-37	p. K-76-80

Domestic Violence

Indicator: ***Number of domestic violence reports***

In a survey of both men and women, the National Institute of Justice and the Center for Disease Control and Prevention found that nearly 25% of women and 7.6% of men reported that they had been raped and/or physically assaulted during their lifetime.[1] This shows that domestic violence remains a major concern for women and men. Approximately 4.8 million women and 2.9 million men are victims of domestic violence annually.[2] Physical domestic violence is often prevalent in relationships where verbal abuse is also a factor. Women are more likely to be assaulted by their husbands; similarly men are more likely to be assaulted by a male partner.

Within the last 30 years batterer intervention programs have become more prevalent within the criminal justice system. However more basic information is needed for criminal justice officials to prosecute domestic violence cases. A 1998 report by the National Institute of Justice, suggests that comprehensive training program for police officers and specialization of judges, lawyers and probation officers in the area of domestic violence would strengthen their ability to prosecute against and prevent further violence.

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[1] Tjaden and Thoennes (2000). Extent, nature and consequences of intimate partner violence. National Institute of Justice and the Center for Disease Control and Prevention.

[2] ibid

Definition:

Domestic Violence – The defendant or victim in a family violence case may be male or female, child or adult, or may be of the same sex. Family violence is any criminal offense or violation involving the threat of physical injury or harm, act of physical injury, homicide, sexual contact, penetration or intercourse, property damage, intimidation, endangerment and unlawful restraint.

Child Present – A child is present at the time of the incident, as reported by the police.

Active PFA Order – Incidents in which there are any active court orders such as Custody, Protection from Abuse orders, No Contact orders, or other court orders.

Domestic Incident Reports

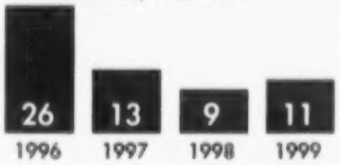
Delaware, 1999

Criminal Only	16,480 reports
Combined Criminal and Non-criminal	28,128 reports
Percent of Reports with a Child Present	31.4%
Percent of Reports with an Active Protection from Abuse Court Order	3.8%

Source: Dept. of Public Safety, Division of State Police

Deaths as a Result of Domestic Violence

Delaware, 1996–1999



Of the persons who died in this period **64%** died as the result of the use of a firearm.

Source: Dept. of Public Safety, Division of State Police

Program Statement: Domestic violence is a pattern of controlling and assaultive behavior that occurs within the context of adult, familial or intimate relationships. There are five central characteristics of domestic violence:

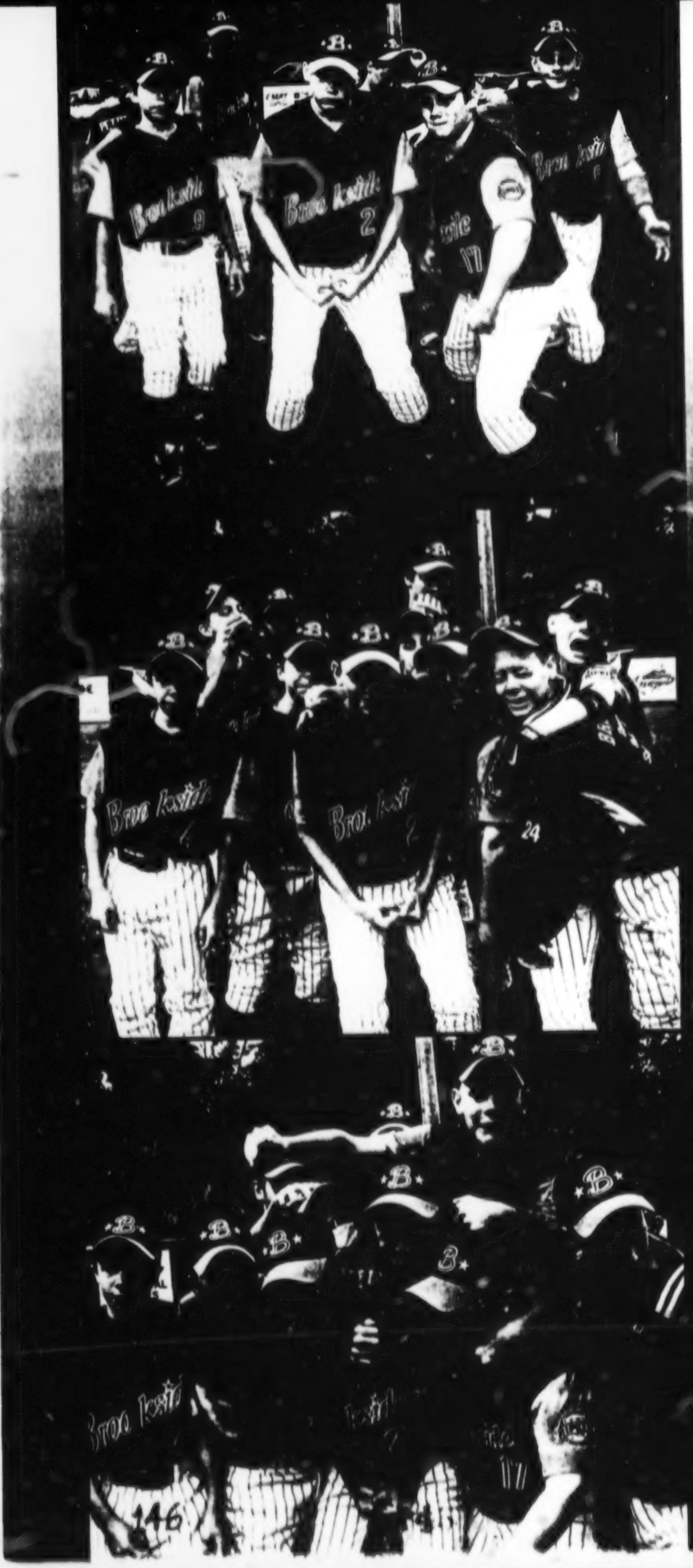
1. It is a learned behavior
2. It typically involves repetitive behavior encompassing different types of abuse such as coercion and threats, intimidation, emotional abuse, isolating the victim, minimizing, denying and blaming, economic abuse and using children.
3. The batterer, not substance abuse, the victim, or the relationship, causes domestic violence.
4. Danger to the victim and children is likely to increase at the time of separation
5. The victim's behavior is often a way of ensuring survival

There is cycle of domestic violence that begins with increased tension and anger, a battering incident in which the victim is slapped, kicked, choked, or assaulted with a weapon, sexually abused, or verbally threatened or abused. This is followed by a calm state during which the perpetrator may deny the violence and promise that it will never happen again. Unless professional assistance is sought, the process will repeat itself in most cases and in general, intensifies.

For the first time, Delaware in 1998 compiled statewide statistics on the incidents of domestic violence. This report includes much information, which will be an invaluable baseline as we move into the next millennium and continue our efforts to reduce the incidents of domestic violence. Family Court tracks the number and disposition of Protection from Abuse orders that are filed in court which also tell a story.

For more information see

Child Abuse	p. F-44
In the KIDS COUNT Section:	
Child Abuse and Neglect	p. K-54
Table 74	p. K-96



Strong and Supportive Communities

Goal: Communities have child care, educational systems, social service systems, physical infrastructure, and employment opportunities to support a high quality of life for all community members. Communities are drug, crime, and violence free. Residents are actively involved in achieving community self-sufficiency.

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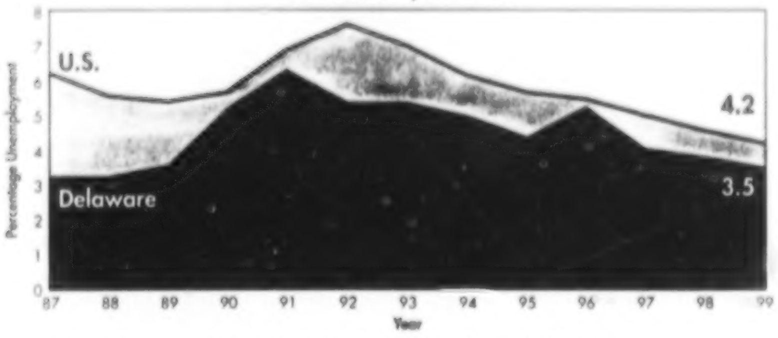
Unemployment

Indicator: *Unemployment rates by race and gender*

Delaware's unemployment rate was 3.5% in 1999, placing the state at 18th in the nation (with number one being the lowest rate)[1]. Suggestions as to why America has been successful in reducing unemployment include: excellent management by the Federal Reserve Board which has kept interest rates down without an increase in inflation, the deregulation of industries, and the opening up of global markets.[2] The rate does vary regionally. Several factors lead to the dispersion such as: crime, education, amenities, residency patterns, home ownership, international migration, and industry composition.[3]

1. *Delaware Snapshot* Office of Occupational and Labor Market Information 1999
2. Glassman, J.K. "Lonely unemployment line" *US News and World Report* Dec 1997 123(24): 36
3. Partridge, M.D. and Rickman, D.S. The dispersion of US state unemployment rates: the role of market and non-market equilibrium factors. Regional Studies, 31 (6): 593-606.

Unemployment
Delaware Compared to U.S.



Sources: Delaware Department of Labor and U.S. Department of Labor, Bureau of Labor Statistics

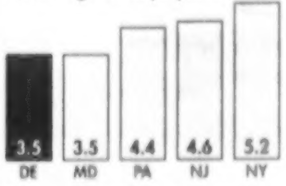
Program Statement: The Department of Labor's primary purposes are to:
- assist people in transitioning to work and assist employers in finding qualified applicants;
- provide partial income assistance to people who are laid off through no fault of their own or are injured on the job;
- protect workers from unfair and/or unsafe working conditions through the enforcement of labor laws and by identifying workplace hazards.

The department is comprised of the following divisions and offices:

The **Division of Employment and Training** (DET) provides services enabling employers and job seekers to make informed employment and training choices leading to employment. It operates a statewide labor exchange system in four full service delivery locations and administers major federal, state and employer funded training programs. The division also assists specific populations such as veterans, migrant and seasonal farm workers, welfare clients, dislocated workers and ex-offenders in transitioning to work.

The Virtual Career Network (VCNet.net), Delaware's automated Internet One-Stop system, offers employers and job seekers easy and open access to an electronic data base containing jobs from across the country, a talent bank of electronic resumes, and links to a wealth of related occupational, training, education and support services information. The website also links to *Career Directions*, the department's Internet-based, interactive system that shows the location of employers, child care centers, training sites, universities and colleges, and bus stops/routes. Users can produce customized maps from their home to work, with all these services in between at a radius of 1/4 mile to 10 miles.

Regional Comparison of Percentage Unemployment, 1999



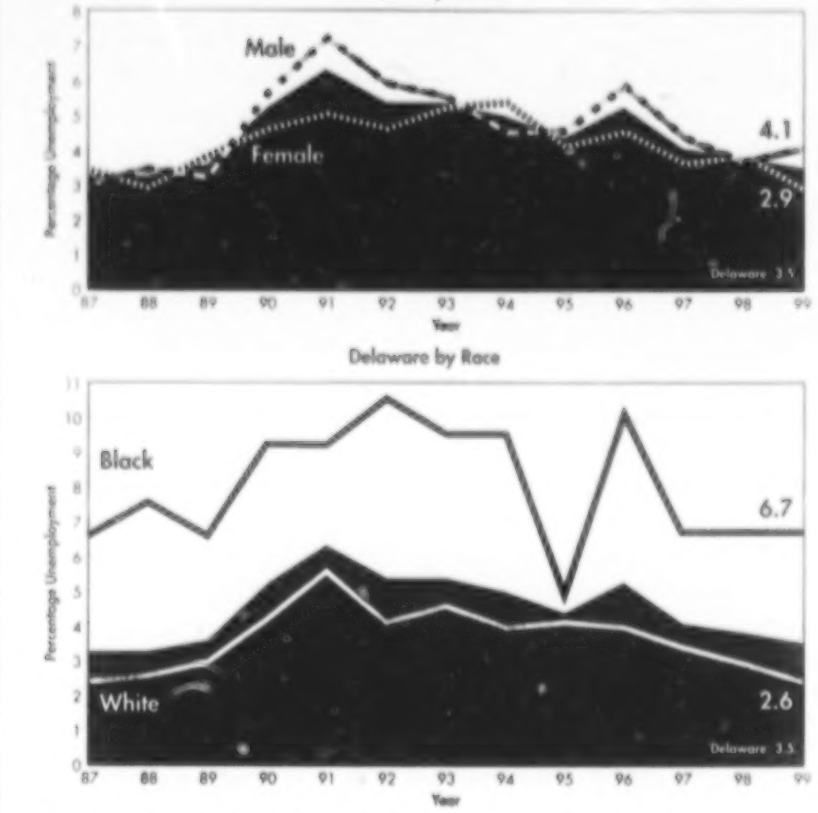
Source: State of Delaware, Department of Labor, Office of Occupational and Labor Market Information

The **Division of Vocational Rehabilitation** provides information, opportunities and resources to individuals with disabilities leading to success in employment and independent living. The division has two major components:

- Vocational Rehabilitation Services (VRS), a state/federal employment program for eligible individuals with physical and mental disabilities. Services are offered in five locations across the state with school to work transition services available in every public high school.
- Disability Determination Services which adjudicates Social Security disability claims filed in Delaware and evaluates all applicants and refers appropriate individuals to VRS.

(Continued on next page)

Unemployment



Sources: Delaware Department of Labor and U.S. Department of Labor, Bureau of Labor Statistics

Program Statement: *(Continued from previous page)*

The **Division of Unemployment Insurance** provides temporary, partial income maintenance to workers who have become unemployed through no fault of their own and makes referrals to re-employment services. The division collects employer taxes for the payment of unemployment benefits and collects a statewide training tax from employers to provide funds for the training of dislocated workers, school-to-work transition, industrial training and other training initiatives. Local offices are co-located with the Division of Employment and Training and the Division of Vocational Rehabilitation in the three counties.

The **Division of Industrial Affairs** is made up of four sections and has offices in Wilmington and Milford.

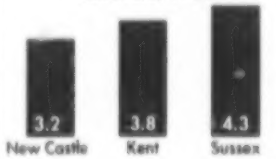
- The Office of Workers Compensation and the Industrial Accident Board administer and enforce the State's workers' compensation law that provides compensation to eligible workers who suffer work-related injuries or illnesses.
- The Office of Labor Law Enforcement enforces Delaware's 24 labor standards laws and civil rights laws. It establishes prevailing wage rates for public works projects and helps ensure compliance with the rates. The office also provides technical assistance to employers and employees by providing information about these laws.
- The Office of Occupational Safety and Health Consultation provides small and medium sized private employers with assistance in identifying and guidance in abating safety and health hazards in the workplace.
- An Office of Occupational Health and Safety Statistics collects, analyzes and disseminates statistics on work-related injuries, illnesses and fatalities.

The **Office of Occupational and Labor Market Information (OOLMI)** serves as a source of information about labor market conditions throughout the state. It translates raw labor market data into concise analyses and reports that advise policy makers about the labor force, employment, economic and demographic changes, and assists job seekers in making informed career choices.

The **Office of the Commission for Women** serves as a centralized resource for information, referral and assistance on matters of particular concern to women. The office creates and disseminates publications and organizes educational conferences, conducts public forums and facilitates collaboration among agencies, organizations and individuals in support of issues involving women and their families.

For more information, search on the web at www.delawareworks.com.

County Comparison of Percentage Unemployment Delaware, 1999



Source: State of Delaware, Department of Labor, Office of Occupational and Labor Market Information

For more information see

In the KIDS COUNT Section:

Table 65 p. K-92

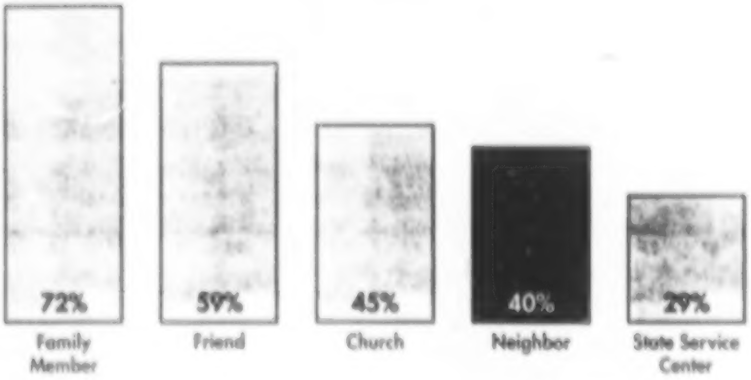
Depending on Neighbors

Indicator: *Percent of households at 200% of poverty level or below that indicate they would seek help from a neighbor, family, and friends.*

People sometimes experience alienation within their neighborhoods. It is important for community members to develop social relationships in order to share resources, services, and information[1]*. When households are 200% poverty or below, they are at greater risk for alienation and may not have access to many resources or information. When a household would seek help from a neighbor, it is an indication that the community is strong and supportive of its members.*

Depending on Neighbors

Percent of households at 200% of poverty level or below that indicate they would seek help from a neighbor, family, and friends.



Sources: Community Needs Assessment (November 1994), prepared for Delaware Health and Social Services, Division of State Service Centers, by the Center for Community Development and Family Policy, University of Delaware

Program Statement: In supportive communities, residents feel they can turn to neighbors for help. In high-risk areas, the need for easily-obtainable information is particularly important since residents may find it difficult to access the system. Since 1995, several initiatives have been implemented to empower high-risk communities and disseminate information to them. For example, Family Services Partnerships have been established in eight high risk areas. Training, technology, and technical assistance have been provided regularly to the Partnerships to help them support their communities.

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[1] [illegible] Whole Earth Review [illegible]

Juvenile Violent Crime

Indicator: *Juvenile violent crime arrest rate*

This rate tracks arrests of juveniles, ages 10 through 17, for the crimes of homicide, forcible rape, robbery, and aggravated assault per 100,000 youths. The continuing problem of drug abuse, the increasing availability of weapons, and the growth of gangs have contributed to rising juvenile violence.[1] *However, it should be noted that children in this age group are more likely to be victims of violent crime rather than perpetrators of such crime.*[2] *Risk factors for violent crime arrests include poverty, family violence, inadequate supervision, limited education or job skills, and poor performance in school.*[3]

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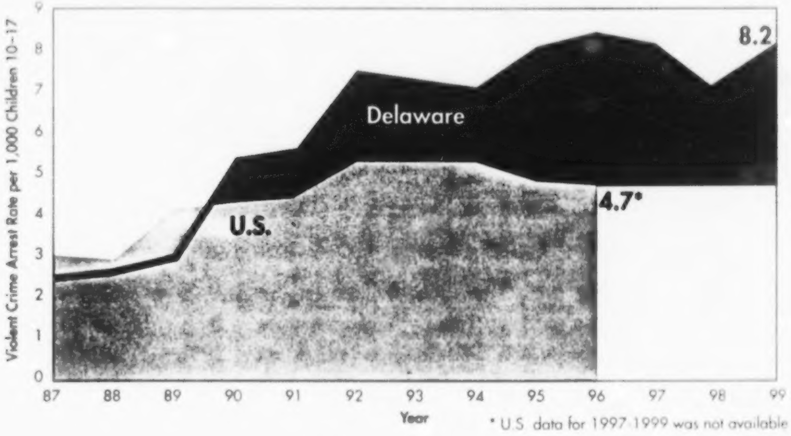
[1] Juvenile violent crime arrests (1998) *Alabama Kids Count 1998 Report*

[2] Juvenile violent crime arrests ([illegible]) *Nevada Kids Count Databook*

[3] Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice (1995) *Juvenile Offenders and Victims: A National Report*

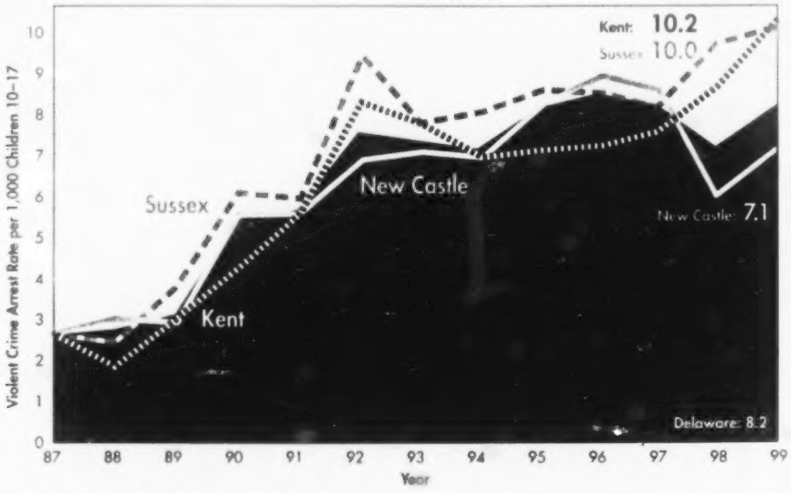
Juvenile Violent Crime

Delaware Compared to U.S.



* U.S. data for 1997-1999 was not available

Delaware and Counties



Sources: Statistical Analysis Center, State Bureau of Investigation

Program Statement: The Delaware Prevention Network (DPN) is one of Delaware's prevention programs for juveniles. DPN employs program components that are focused on youth, family, and community support networks. Another program is the Stormin' Norman's Classic Basketball League. About 1,400 youth ages 9 to 18 play on 114 teams in Wilmington. In addition to the basketball games, the program has components that deal with education, health, public safety, and community volunteer work.

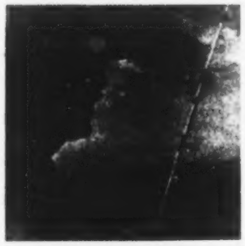
For more information see

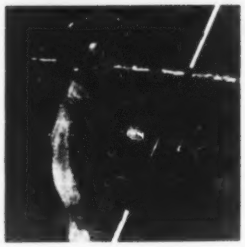
Teen Deaths	p. F-23
Juvenile Delinquents in Out-of-Home Care	p. F-46
Adult Violent Crime	p. F-54
Adults on Probation or Parole	p. F-55
In the KIDS COUNT Section:	
Juvenile Violent Crime Arrests	p. K-28
Teen Deaths	p. K-26
Table 24	p. K-68
Tables 27-37	p. K-76-80

Adult Violent Crime

Indicator: *Adult violent crime arrest rate per 1,000*

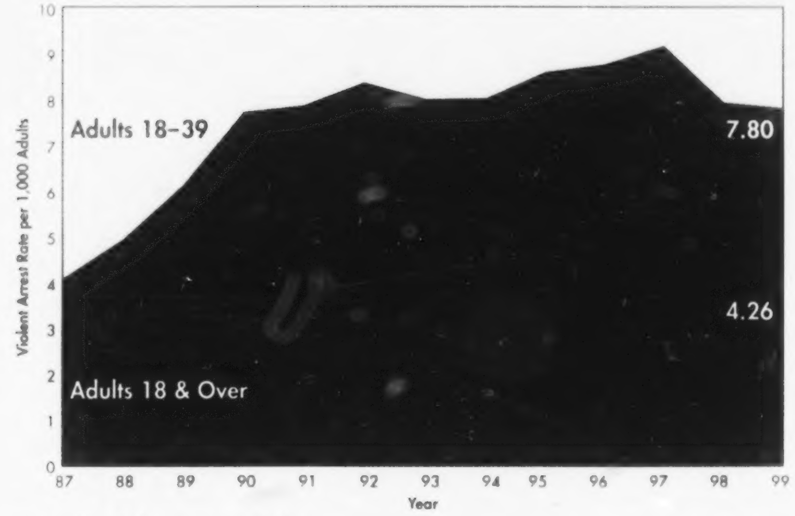
Among the steps being taken to combat crime is the dramatic increase in incarcerations. Additionally, tougher sentencing laws are ensuring that criminals across the nation are staying in jail for longer periods of time. However, imprisonment is costly business; increasingly, states will have to make tough spending decisions about whether to construct additional prisons or to invest in area schools, roads, tax cuts, etc.[1]





Adult Violent Crime

Delaware*



* Comparable U.S. data were not available

Source: Statistical Analysis Center

Program Statement: In order to meet the demands of an increasingly complex society, the Delaware State Police has aggressively pursued innovative programs to address violent crime. The use of the new DICAT (Division Wide Crime Analysis Tracking) system provides "real time" data to allow deployment of officers to address increases in criminal activity in specific geographic locations. The Community Services section addresses crime prevention issues that have an impact on the quality of life in Delaware's communities. Officers provide seminars on topics such as robbery and burglary prevention, neighborhood watch programs, safe traveling tips, self protection, and domestic violence. The Citizen's Police Academy provides participants a greater understanding of police practices, and the tools to form objective opinions regarding police action and to address community concerns regarding these actions. Participants are provided with knowledge that empowers them to participate in activities that reduce criminal activity in their communities.

For more information see

Juvenile Violent Crime	p. F-53
Juvenile Delinquents in Out-of-Home Care	p. F-46
Adults on Probation or Parole	p. F-55
In the KIDS COUNT Section:	
Juvenile Violent Crime Arrests	p. K-28
Tables 38-39	p. K-81

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[1] Fischer, K. (1998, January-February). Is locking them up the answer? For violent criminals probably—for the rest, it's not so clear. Washington Monthly, 30 (1), 52-54.

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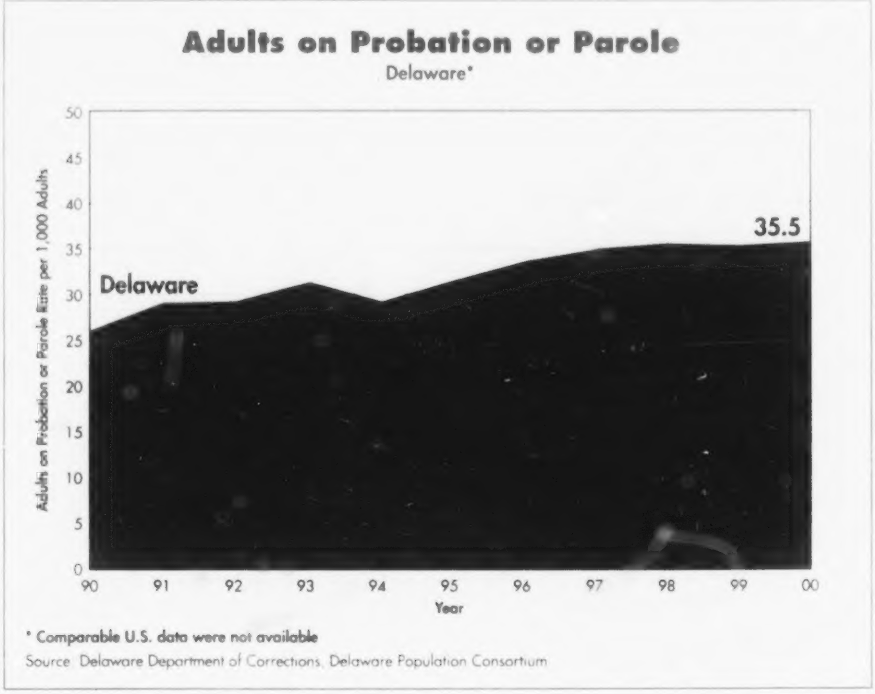
Adults on Probation or Parole

Indicator *Adults on probation or parole under supervision per 1,000 adults*

***Intermediate sanctions such as probation and parole are needed to help control inmate populations. Most probation or parole programs incorporate a wide variety of activities that emphasize close monitoring, participation in community service programs, tight curfews, steady employment, and drug testing*[1].**



Adults on Probation or Parole

Delaware*

*** Comparable U.S. data were not available**

Source: Delaware Department of Corrections, Delaware Population Consortium

Program Statement: The Delaware Department of Correction is committed to public safety. The Bureau of Community Correction, Probation and Parole has teamed up with law enforcement agencies to increase community contacts and enhance visibility. The Safe Streets project initially focused on select neighborhoods within the city of Wilmington. In recent months, this initiative has expanded into New Castle County. In the coming year, efforts will be expanded statewide. Through Safe Streets we have identified those offenders in the community who are perhaps at higher risk for noncompliance with the conditions of supervision. The increased visibility and contacts in the community are impacting offender behavior and providing a greater sense of public safety in the community.

For more information see

Juvenile Violent Crime	p. F-53
Juvenile Delinquents in Out-of-Home Care	p. F-46
Adult Violent Crime	p. F-54

In the KIDS COUNT Section:

Juvenile Violent Crime Arrests	p. K-28
Tables 38-39	p. K-81

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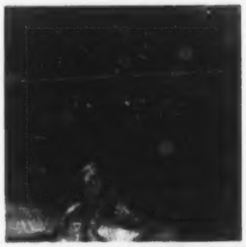
[1] Bennett, L. A. (1995, February). Current findings on intermediate sanctions and community corrections. Corrections Today, 57 (1), 86-89.

Substandard Housing

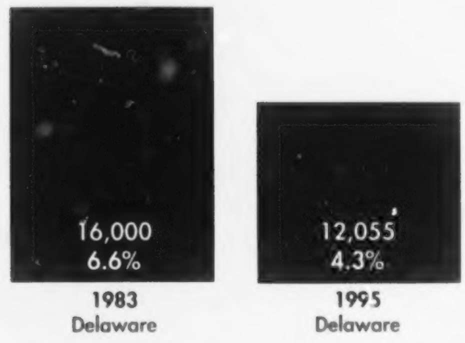
Indicator *Percent of substandard housing units*

According to the Statewide Needs Assessment, more than 12,055 of Delaware's households are living in substantially substandard housing. This number reflects truly dilapidated living conditions as substantial rehabilitation is required in order to make these households structurally sound, safe, and habitable. Such rehabilitation is qualified as at least $30,000 per unit ($20,000 for a mobile home) in non-cosmetic repairs typically including at least two structural systems. It also includes units which may be otherwise structurally sound, but which have failing septic systems. At this time, there is no nationally comparable data available as Delaware's definition refers to a much more severe condition than national data. [1].



Substandard Housing

Number and percent of substandard units



Source: Delaware State Housing Authority

Program Statement: Realizing that substandard housing is more than a misfortune to the community — it is detrimental to the safety and overall well-being of "the family"—Delaware fights back against time's toll on our state's homes by rescuing financially-strapped families with low-interest rate, deferred loan packages, or grants that enable the owners of these homes to make the necessary housing repairs. Just as each home is different and has different needs, so do families; therefore, we go one step further in repairing homes by making it affordable for families to modify homes for handicapped-accessibility when necessary. Also, grants are provided to communities to demolish vacant severely-substandard homes that might otherwise be environmentally and physically dangerous. Delaware State Housing Authority rounds out this rescue plan by empowering entire communities to repair infrastructure deteriorations, or in some cases build infrastructure they lack, to become safe for this generation, and the next.

For more information see

Risk of Homelessness	p. F-40
Home Ownership	p. F-57
In the KIDS COUNT Section:	
Table 57	p. K-88

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[1] Delaware State Housing Authority (August 1996) *Statewide Housing Needs Assessment*. Prepared by Legg Mason Realty Group, Inc.

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Home Ownership

Indicator: *Percent of home ownership*

Home ownership is an integral part of the American Dream. For many families, the home is their greatest asset. Recently states were given more flexibility to create and modify social public policy initiatives to help with housing affordability issues. Delaware has an average of 71.6% home ownership rates, which is significantly higher than the national average.[1] There still remains a significant portion of families that cannot afford this part of the American dream. Nationally 16% of low-income families reported housing hardship (not being able to pay rent, mortgage or utility bills within the last 12 months).[2] Home ownership for these families could lead to greater financial freedom, higher self-esteem, and greater stability within the familial setting. Thus it is crucial that we create programs to help increase the affordability of housing for all families.

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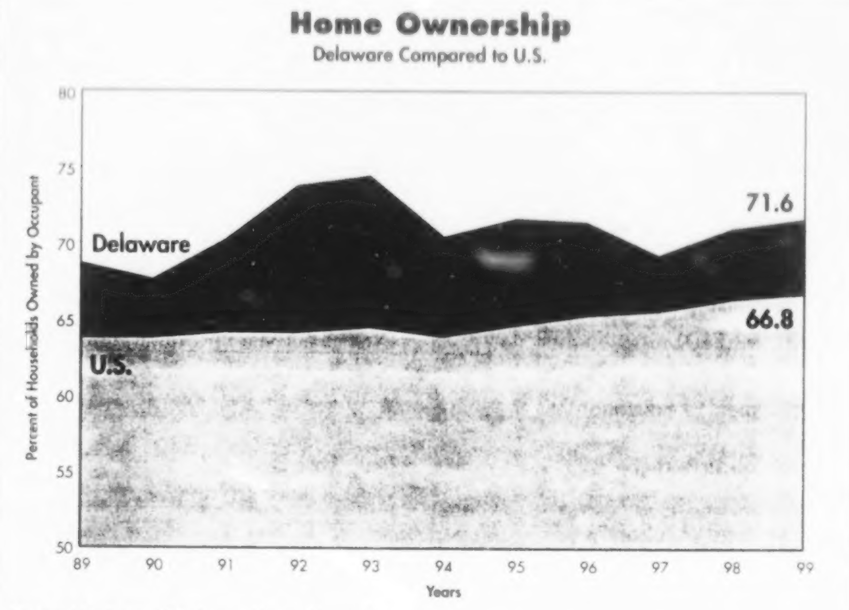
[1] "Housing Vacancies and Homeownership Annual Statistics: 1999" US Census Bureau. Available from www.census.gov/hhes/www/housing

[2] Wigton and D'Orio (1999). Snapshots of America's Families. The Urban Institute



Sources: U.S. Bureau of the Census, Housing Vacancy Survey

Program Statement: Delaware makes home ownership affordable to those who often think this American Dream is out of their reach. While working with many financial institutions, builders, and real estate companies across the state, Delaware State Housing Authority (DSHA) unlocks the doors to home ownership for low- and moderate-income families every day by providing low-interest rate mortgage financing, along with down payment and closing cost assistance. DSHA also supports housing counseling, and helps families map out their own realistic paths to home ownership. Furthermore, the sprouting-up of economically-integrated communities, and affordably-priced neighborhoods are important to the state as DSHA focuses on making home ownership a more attainable goal for working families.

For more information see

Risk of Homelessness	p. F-40
Substandard Housing	p. F-56
In the KIDS COUNT Section:	
Table 57	p. K-88

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Where to Get More Information

For more information about the programs described within FAMILIES COUNT in Delaware, contact the state agencies listed below:

Delaware Information Helplines
1-800-464-4357 (in state)
1-800-273-9500 (out of state)

State of Delaware Web Site
www.state.de.us

Office of the Governor,
Advisor on Family Policy
302-577-3210

Delaware State Housing Authority
302-739-4263 (Dover)

302-577-5001 (Wilmington)
www.state.de.us/dsha

Department of Corrections
302-739-5601

Department of Education
302-739-4601
www.doe.state.de.us

Department of Labor
302-761-8000

Department of Health
and Social Services
www.state.de.us/dhss

Division of Public Health
302-739-4700

Division of Social Services
302-577-4400

Division of Alcoholism, Drug
Abuse and Mental Health
302-577-4460

Department of Public Safety
302-739-4311

Department of Services for
Children, Youth and Their Families
302-633-2500
www.state.de.us/kids

Drug Free Delaware
www.state.de.us/drugfree